



Tel: 907-278-8878
Fax: 907-278-5779
www.bdo.com

3601 C Street, Suite 600
Anchorage, AK 99503

October 26, 2023

Ken Osterkamp, Interim President/CEO
The Alaska Community Foundation
3201 C Street, Suite 110
Anchorage, AK 99503

Dear Ken,

Enclosed are the following income tax returns prepared on behalf of The Alaska Community Foundation for the year ended December 31, 2022.

- 2022 990-T - Exempt Organization Business Income Tax Return
- 2022 990 - Return of Organization Exempt from Income Tax
- 2022 8879-TE - IRS E-file Signature Authorization Form
- 2022 8879-TE - IRS E-file Signature Authorization Form
- 2022 Schedule A - Public Charity Status and Public Support
- 2022 Schedule B - Schedule of Contributors
- 2022 Schedule D - Supplemental Financial Statements
- 2022 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S.
- 2022 Schedule J - Compensation Information
- 2022 Schedule L - Transactions with Interested Persons
- 2022 Schedule M - Noncash Contributions
- 2022 Schedule O - Supplemental Information to Form 990 or 990EZ
- 2022 Schedule R - Related Organizations and Unrelated Partnerships

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

BDO USA

Matthew Frerker, CPA



Tel: 907-278-8878
Fax: 907-278-5779
www.bdo.com

3601 C Street, Suite 600
Anchorage, AK 99503

The Alaska Community Foundation
Instructions for Filing
Form 8879-TE
IRS e-file Signature Authorization for Form 990
For the year ended December 31, 2022

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

BDO USA
3601 C STREET, STE 600
ANCHORAGE AK 99503

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before November 15, 2023. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning _____ and ending _____

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

THE ALASKA COMMUNITY FOUNDATION

92-0155067

Name and title of officer or person subject to tax

KEN OSTERKAMP, INTERIM PRES/CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>62719512.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	_____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	_____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____ (EIN) _____ and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize BDO USA to enter my PIN 94221 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

92085313538

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Matthew Frenka

Date 10/26/2023

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **THE ALASKA COMMUNITY FOUNDATION**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3201 C STREET, SUITE 110
 City or town, state or province, country, and ZIP or foreign postal code
ANCHORAGE, AK 99503

D Employer identification number: **92-0155067**

E Telephone number: **(907) 274-6703**

G Gross receipts \$: **77,051,369.**

F Name and address of principal officer: **KEN OSTERKAMP**
3201 C STREET, SUITE 110, ANCHORAGE, AK 99503

H(a) Is this a group return for subsidiaries? Yes No
H(b) Are all subsidiaries included? Yes No
 If "No," attach a list. See instructions.

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.ALASKACF.ORG**

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation: **1995** **M** State of legal domicile: **AK**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>INSPIRING THE SPIRIT OF GIVING AND CONNECTING PEOPLE, ORGANIZATIONS, AND CAUSES TO STRENGTHEN ALASKA'S COMMUNITIES NOW AND FOREVER.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	42
	6 Total number of volunteers (estimate if necessary)	6	400
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	69,531.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	NONE	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	43,913,185.	52,072,336.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,595,567.	5,850,693.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,494,702.	4,115,325.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,282,493.	681,158.
		57,285,947.	62,719,512.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,710,047.	35,927,923.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,168,292.	2,258,653.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses (Part IX, column (D), line 25)	592,555.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,171,134.	9,865,263.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	33,049,473.	48,051,839.	
19 Revenue less expenses. Subtract line 18 from line 12	24,236,474.	14,667,673.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	208,758,552.	191,830,219.
	22 Net assets or fund balances. Subtract line 21 from line 20	11,957,388.	2,401,447.
	196,801,164.	189,428,772.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **KEN OSTERKAMP** Date: _____
 Type or print name and title: **INTERIM PRES/CEO**

Paid Preparer Use Only

Print/Type preparer's name: **MATTHEW FRERKER CPA** Preparer's signature: **MATTHEW FRERKER CPA** Date: **10/26/2023** Check if self-employed PTIN: **P01677675**
 Firm's name: **BDO USA** Firm's EIN: **13-5381590**
 Firm's address: **3601 C STREET, STE 600 ANCHORAGE, AK 99503** Phone no.: **907-278-8878**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III **X**

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 35,896,607. including grants of \$ 24,541,551.) (Revenue \$ 2,814,595.)

PHILANTHROPIC FUNDS - DONATIONS AND/OR GRANTS EXPENDED FROM THE HOLDINGS OF ENDOWED OR NON-ENDOWED CHARITABLE FUNDS FOR THE SOLE PURPOSE OF MAKING GRANTS TO 501(C) (3) CHARITABLE ORGANIZATIONS IN PERPETUITY OR OTHERWISE.

4b (Code:) (Expenses \$ 9,177,329. including grants of \$ 8,667,746.) (Revenue \$)

FINAL ARPA ACT DISTRIBUTIONS - IN CONJUNCTION WITH THE STATE OF ALASKA, DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT THE ALASKA COMMUNITY FOUNDATION DISTRIBUTED GRANTS OF \$8.7 MILLION IN SUPPORT OF 97 ORGANIZATIONS ACROSS THE STATE. THESE FUNDS WERE UTILIZED TO ASSIST NONPROFITS AROUND THE STATE IN THEIR RECOVERY FROM THE COVID 19 PANDEMIC.

4c (Code:) (Expenses \$ 441,476. including grants of \$ 2,719,626.) (Revenue \$ 3,129,232.)

PICK.CLICK.GIVE - THIS PROGRAM ALLOWS ALASKANS TO DONATE A PORTION OF THEIR PERMANENT FUND DIVIDEND (PFD) TO CAUSES THEY CARE ABOUT STATEWIDE. ALASKA COMMUNITY FOUNDATION (ACF) RUNS THIS PROGRAM TOGETHER WITH THE STATE OF ALASKA TO SUPPORT NON-PROFITS TO WHICH PFD RECIPIENTS CAN DONATE. IN 2022, 23,672 PEOPLE GAVE \$3,033,725 TO 635 NON-PROFIT ORGANIZATIONS STATEWIDE THROUGH THIS PROGRAM.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 45,515,412.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	X	
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 42		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8896-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed _____
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 KEVIN GRAY, CFO 3201 C STREET, SUITE 110 ANCHORAGE, AK 99503
 907-334-6700

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NINA KEMPEL PRESIDENT & CEO	50.00 NONE			X			226,000.	NONE	12,198.	
(2) KEVIN GRAY CFO	45.00 NONE			X			176,000.	NONE	21,127.	
(3) ELIZABETH MILLER VP DEVELOPMENT & COMMUNICATION	40.00 NONE					X	133,038.	NONE	24,115.	
(4) KATHRYN KAVANAUGH VP INNOVATION & ADMIN	40.00 NONE					X	125,926.	NONE	23,866.	
(5) GABE KOMPKOFF CHAIR	2.00 NONE	X		X			NONE	NONE	NONE	
(6) JIM PALMER PAST CHAIR	1.00 NONE	X		X			NONE	NONE	NONE	
(7) CAROL GORE VICE CHAIR	1.00 NONE	X		X			NONE	NONE	NONE	
(8) AARON KUSANO SECRETARY	2.00 NONE	X		X			NONE	NONE	NONE	
(9) PETER MICHALSKI TREASURER	1.00 NONE	X		X			NONE	NONE	NONE	
(10) BARBARA DONATELLI DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(11) CINDY MASSIE DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(12) ANTHONY MALLOTT DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(13) KRISTINE NOROSZ DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(14) KIM REITMEIER DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JONATHAN RUBINI DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(16) DAVE SHAFTEL DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(17) MONICA SHAH DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(18) LANE TUCKER DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(19) SHAUNA HEGNA DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(20) BERNARD GATEWOOD DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(21) KATIE CARRIGAN DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(22) MARGO BELLAMY DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(23) TOM BARRETT DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total							660,964.	NONE	81,306.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							660,964.	NONE	81,306.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 4

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 3

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	10,420,270.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	41,652,066.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 445,509.				
	h Total. Add lines 1a-1f		52,072,336.				
Program Service Revenue			Business Code				
	2a PICK.CLICK.GIVE. PROGRAM REVENUE		522298	2,880,126.	2,880,126.		
	b FUND ADMINISTRATION FEES		561000	2,970,567.	2,970,567.		
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			5,850,693.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,110,467.		4,110,467.	
	4 Income from investment of tax-exempt bond proceeds .			NONE			
	5 Royalties			NONE			
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c	NONE	NONE			
	d Net rental income or (loss)			NONE			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	14,331,857.				
	c Gain or (loss)	7c	4,858.				
d Net gain or (loss)			4,858.			4,858.	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
			NONE				
			NONE				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			NONE				
9a Gross income from gaming activities. See Part IV, line 19	9a						
			NONE				
			NONE				
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities			NONE				
10a Gross sales of inventory, less returns and allowances	10a						
			NONE				
			NONE				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			NONE				
Miscellaneous Revenue			Business Code				
	11a X-1 INCOME		523920	588,024.	NONE	69,531.	
	b OTHER REVENUE		900099	93,134.	93,134.	NONE	
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			681,158.				
12 Total revenue. See instructions			62,719,512.	5,943,827.	69,531.	4,633,818.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	35,927,923.	35,927,923.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	435,325.	130,832.	221,928.	82,565.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	1,448,297.	435,267.	738,340.	274,690.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	198,845.	59,760.	101,371.	37,714.
9 Other employee benefits	32,964.	9,907.	16,805.	6,252.
10 Payroll taxes	143,222.	43,044.	73,014.	27,164.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	24,952.	23,198.	1,239.	515.
c Accounting	55,568.	51,662.	2,760.	1,146.
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	329,365.	329,365.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	2,902,450.	2,390,949.	451,625.	59,876.
12 Advertising and promotion	234,634.	178,109.	45,167.	11,358.
13 Office expenses	63,694.	8,904.	42,781.	12,009.
14 Information technology	104,566.	97,215.	5,194.	2,157.
15 Royalties	NONE			
16 Occupancy	100,599.	-47,053.	118,594.	29,058.
17 Travel	70,008.	24,699.	33,234.	12,075.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	197,815.	179,222.	14,851.	3,742.
23 Insurance	34,584.	27,482.	5,111.	1,991.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>PICK.CLICK.GIVE EXPENSE</u>	2,880,126.	2,880,126.		
b <u>FOUNDATION ADMIN. FEES</u>	2,635,254.	2,635,254.		
c <u>UTILITIES AND MAINTENANCE</u>	114,733.	114,733.		
d <u>SPECIAL EVENTS</u>	85,909.	7,880.	52,100.	25,929.
e All other expenses	31,006.	6,934.	19,758.	4,314.
25 Total functional expenses. Add lines 1 through 24e	48,051,839.	45,515,412.	1,943,872.	592,555.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	261,687.	1	796,329.
	2 Savings and temporary cash investments	29,675,302.	2	29,876,347.
	3 Pledges and grants receivable, net	NONE	3	NONE
	4 Accounts receivable, net	22,847.	4	57,760.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	114,416.	9	144,981.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,968,068.		
	b Less: accumulated depreciation	10b 770,332.	13,378,860.	10c 13,197,736.
	11 Investments - publicly traded securities. . . SEE SCHEDULE Q	NONE	11	105,796,223.
	12 Investments - other securities. See Part IV, line 11	NONE	12	41,343,012.
	13 Investments - program-related. See Part IV, line 11	165,305,440.	13	NONE
	14 Intangible assets	NONE	14	NONE
	15 Other assets. See Part IV, line 11	NONE	15	617,831.
16 Total assets. Add lines 1 through 15 (must equal line 33)	208,758,552.	16	191,830,219.	
Liabilities	17 Accounts payable and accrued expenses	551,173.	17	288,264.
	18 Grants payable	1,922,348.	18	631,143.
	19 Deferred revenue	9,483,867.	19	862,501.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25 Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	NONE	25	619,539.
	26 Total liabilities. Add lines 17 through 25	11,957,388.	26	2,401,447.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	170,310,441.	27	165,495,091.
	28 Net assets with donor restrictions	26,490,723.	28	23,933,681.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	196,801,164.	32	189,428,772.	
33 Total liabilities and net assets/fund balances	208,758,552.	33	191,830,219.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	62,719,512.
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,051,839.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,667,673.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	196,801,164.
5	Net unrealized gains (losses) on investments	5	-21,452,041.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-588,024.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	189,428,772.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,302,881.	35,001,233.	82,136,664.	43,913,185.	52,072,336.	226,426,299.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3	13,302,881.	35,001,233.	82,136,664.	43,913,185.	52,072,336.	226,426,299.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) <small>SEE SUPP PAGE</small>						36,964,429.
6 Public support. Subtract line 5 from line 4						189,461,870.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	13,302,881.	35,001,233.	82,136,664.	43,913,185.	52,072,336.	226,426,299.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,415,452.	3,690,353.	3,382,836.	6,494,702.	4,110,467.	26,093,810.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				79,929.	69,531.	149,460.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	159,924.	305,938.	1,620,303.	832,257.	518,492.	3,436,914.
11 Total support. Add lines 7 through 10						256,106,483.
12 Gross receipts from related activities, etc. (see instructions)					12	26,628,827.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	73.98 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	73.59 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5,						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on,						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .
- b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . .
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . .

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Part VI **Supplemental information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - EXCESS CONTRIBUTIONS

CONTRIBUTOR NAME	TOTAL CONTRIBUTION	LESS 2% OF LINE 11 (F)	EXCESS CONTRIBUTION AMOUNT
RASMUSON FOUNDATION	18109479.	5,122,130.	12987349.
THE HILDEBRAND FUND	16599275.	5,122,130.	11477145.
BP EXPLORATION (ALASKA), INC.	14048020.	5,122,130.	8,925,890.
ESTATE OF SEGELHORST	7,263,441.	5,122,130.	2,141,311.
ESTATE OF MLAKAR, FRANCES B.	6,554,864.	5,122,130.	1,432,734.
TOTALS	62,575,079.		36,964,429.

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	[REDACTED]	\$ 16,599,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	[REDACTED]	\$ 8,920,270.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	[REDACTED]	\$ 6,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	[REDACTED]	\$ 3,959,502.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	[REDACTED]	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	[REDACTED]	\$ 1,132,654.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)


Name of organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1,602	557
2 Aggregate value of contributions to (during year)	23,000,177.	25,773,576.
3 Aggregate value of grants from (during year)	14,455,824.	26,159,307.
4 Aggregate value at end of year	60,856,015.	128,572,756.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. \$ _____

(ii) Assets included in Form 990, Part X. \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1. \$ _____

b Assets included in Form 990, Part X. \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	116,796,457.	102,066,976.	76,822,185.	48,828,804.	46,761,922.
b Contributions	4,938,288.	8,947,937.	17,264,502.	23,929,283.	6,278,485.
c Net investment earnings, gains, and losses	-11,515,387.	9,650,222.	11,503,199.	8,997,326.	-2,218,642.
d Grants or scholarships	2,277,093.	2,740,755.	2,650,149.	4,180,425.	1,517,903.
e Other expenditures for facilities and programs					12,455.
f Administrative expenses	1,319,083.	1,127,923.	872,761.	742,803.	462,603.
g End of year balance	106,623,182.	116,796,457.	102,066,976.	76,822,185.	48,828,804.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 5.2000 %
- b** Permanent endowment 94.8000 %
- c** Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,490,000.		8,490,000.
b Buildings		5,123,063.	441,706.	4,681,357.
c Leasehold improvements				
d Equipment				
e Other		355,005.	328,626.	26,379.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,197,736.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) SEE DETAIL IN PART XIII	41,343,012.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . .	41,343,012.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . .		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	619,539.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	619,539.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	40,366,740.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-21,452,041.	
b	Donated services and use of facilities	2b	16,658.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-21,435,383.
3	Subtract line 2e from line 1		3	61,802,123.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	329,365.	
b	Other (Describe in Part XIII.)	4b	588,024.	
c	Add lines 4a and 4b		4c	917,389.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	62,719,512.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	47,739,132.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	16,658.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	16,658.
3	Subtract line 2e from line 1		3	47,722,474.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	329,365.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	329,365.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	48,051,839.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

IN ACCORDANCE WITH FASB ASC 958-605-05, THE FOUNDATION RECORDS AS LIABILITIES ASSETS THAT ARE RECEIVED FROM A NON-PROFIT ORGANIZATION THAT NAMES ITSELF OR ITS AFFILIATE AS THE BENEFICIARY OF THE FUNDS, RATHER THAN AS CONTRIBUTIONS, EVEN IF VARIANCE POWER IS EXPLICITLY STATED IN THE GIFT AGREEMENT. ASSETS RECEIVED AND NET INVESTMENT EARNINGS ARE RECORDED AS INCREASES TO AGENCY ENDOWMENT LIABILITIES; FUND DISTRIBUTIONS AND FEES ARE RECORDED AS DECREASE TO LIABILITIES. PERMANENT AND NON-ENDOWED FUNDS PROVIDE LONG-TERM SUPPORT THROUGH CHARITABLE GRANTS TO NON-PROFIT ORGANIZATIONS AND SCHOLARSHIPS THROUGHOUT ALASKA. TERM ENDOWMENTS PROVIDE GRANTS TO SCHOLARSHIPS AND NON-PROFIT ORGANIZATIONS WITH THE INTENT OF EXPENDING THE ENDOWMENT OVER THE LIFE OF THE PROJECT(S).

Part XIII Supplemental Information (continued)

SCHEDULE D, PART VIII:

DESCRIPTION	BOOK VALUE	COST OR FMV
MONEY MARKET/CASH SWEEPS	3,091,763	FMV
CERTIFICATE OF DEPOSIT	162,157	FMV
U.S. TREASURIES	18,304,622	FMV
SHORT TERM BONDS	5,398,871	FMV
MUNICIPAL OBLIGATIONS	91,540	FMV
CORPORATE OBLIGATIONS	8,490,363	FMV
US AGENCY FUNDS	1,028,867	FMV
ASSET BACK SECURITIES	3,058,972	FMV
COMMON EQUITY	70,570,849	FMV
DIVERSIFIED HEDGED STRATEGIES	5,648,072	FMV
PRIVATE REAL ESTATE	5,627,851	FMV
PRIVATE EQUITY	3,706	FMV
PRIVATE DEBT	4,897,139	FMV
CLOSELY HELD STOCK	6,616,032	FMV
INVESTMENTS CARRIED AT NAV	14,148,431	COST
TOTAL:	147,139,235	

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2:

THE FOUNDATION IS A NONPROFIT CORPORATION EXEMPT FROM INCOME TAXATION UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A) (1) OF THE INTERNAL REVENUE CODE, IS SUBJECT TO FEDERAL INCOME TAX.

THE FOUNDATION APPLIES THE PROVISIONS OF ASC NO. 740 RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE FOUNDATION ANNUALLY REVIEWS ITS TAX RETURNS AND POSITIONS TAKEN IN ACCORDANCE WITH THE RECOGNITION STANDARDS. THE FOUNDATION BELIEVES THAT IT HAS NO UNCERTAIN TAX POSITION WHICH WOULD REQUIRE DISCLOSURE OR ADJUSTMENT AS OF DECEMBER 31, 2022 OR 2021.

THE FOUNDATION CLASSIFIES ALL INTEREST AND PENALTIES RELATED TO TAX CONTINGENCIES AS INCOME TAX EXPENSE. AS OF DECEMBER 31, 2022 AND 2021, THERE WERE NO ACCRUED INTEREST OR PENALTIES. THE FOUNDATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND THE STATE OF ALASKA.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 4B:

INCOME FROM K-1S:

INDABA CAPITAL PARTNERS (CAYMAN), LP	NONE
COLLER INTERNATIONAL PARTNERS IV FEEDER FUND, LP	142,929
RESOURCE LAND FUND V, LP	205,334
SECONDARY OPPORTUNITIES FUND III, LP	150,824
PRINCIPAL REAL ESTATE DEBT FUND III LP	115,877
WCP NEWCOLD II	(35,774)
WILLIAM K NEUMANN ESTATE	8,834
TOTAL:	588,024

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SHIP CREEK COMMUNITY ASSETS II 3510 SPEDARD ROAD SUITE 100	87-4193946	501(C)(3)	4,806,756.				OPERATIONAL SUPPORT
(2) FIRST PRESBYTERIAN ANCHORAGE, LLC 616 W. 10TH AVENUE ANCHORAGE, AK 99501	88-2269901	501(C)(3)	4,217,397.				OPERATIONAL SUPPORT
(3) MUNICIPALITY OF ANCHORAGE PO BOX 196650 ANCHORAGE, AK 99519-6650	92-0059987	GOVERNMENT	810,000.				OPERATIONAL SUPPORT
(4) ALASKA CHILDRENS TRUST 6591 A STREET #110 ANCHORAGE, AK 99518	91-1765129	501(C)(3)	560,000.				OPERATIONAL SUPPORT
(5) KAWERAK, INC. PO BOX 948 NOME, AK 99762	92-0047009	501(C)(3)	549,182.				OPERATIONAL SUPPORT
(6) BRIDGES COMMUNITY RESOURCE NETWORK, INC. PO BOX 1612 SOLDOTNA, AK 99669	92-0151271	501(C)(3)	382,526.				OPERATIONAL SUPPORT
(7) TLINGIT HAIDA REGIONAL HOUSING AUTHORITY 5446 JENKINS DRIVE JUNEAU, AK 99801	92-0044273	501(C)(3)	345,000.				OPERATIONAL SUPPORT
(8) ARCTIC SLOPE NATIVE ASSOCIATION PO BOX 1232 UTQIAGVIK, AK 99723	91-0873623	501(C)(3)	340,000.				OPERATIONAL SUPPORT
(9) KYUK PO BOX 468 BETHEL, AK 99559	92-0039676	501(C)(3)	318,147.				OPERATIONAL SUPPORT
(10) ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	271,218.				OPERATIONAL SUPPORT
(11) THE BREAD LINE, INC. PO BOX 73715 FAIRBANKS, AK 99725	92-0111082	501(C)(3)	251,000.				OPERATIONAL SUPPORT
(12) FAIRBANKS NATIVE ASSOCIATION 3830 S. CUSHMAN ST., STE. 100	92-0037488	501(C)(3)	250,600.				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 791

3 Enter total number of other organizations listed in the line 1 table 16

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) EASTERN ALEUTIAN TRIBES, INC. 3380 C STREET, SUITE 100	92-0139107	501(C)(3)	250,000.				OPERATIONAL SUPPORT
(2) FAMILY CENTERED SERVICES OF ALASKA, INC. 1825 MARIKA RD FAIRBANKS, AK 99709	92-0129771	501(C)(3)	250,000.				OPERATIONAL SUPPORT
(3) HELP ME GROW ALASKA A PROGRAM OF THE ALL AL 4141 B STREET SUITE 409 ANCHORAGE, AK 99503	47-3428822	501(C)(3)	250,000.				OPERATIONAL SUPPORT
(4) YUKON DELTA FISHERIES DEVELOPMENT ASSOCIATI 2909 ARCTIC BLVD ANCHORAGE, AK 99503	92-0143180	501(C)(3)	250,000.				OPERATIONAL SUPPORT
(5) COMMUNITY CONNECTIONS 721 STEDMAN STREET KETCHIKAN, AK 99901	92-0112719	501(C)(3)	245,831.				OPERATIONAL SUPPORT
(6) CAMP FIRE ALASKA 161 KLEVIN ST, STE 100 ANCHORAGE, AK 99508	92-0029613	501(C)(3)	221,550.				OPERATIONAL SUPPORT
(7) ALASKA SEALIFE CENTER PO BOX 1329 SEWARD, AK 99664	92-0132479	501(C)(3)	211,806.				OPERATIONAL SUPPORT
(8) SEAVIEW COMMUNITY SERVICES PO BOX 1045 SEWARD, AK 99664	92-0043803	501(C)(3)	208,800.				OPERATIONAL SUPPORT
(9) KENAI PENINSULA BOROUGH SCHOOL DISTRICT 148 NORTH BINKLEY STREET KENAI, AK 99649	92-0030923	501(C)(3)	204,727.				OPERATIONAL SUPPORT
(10) FAITH PRESBYTERIAN CHURCH PO BOX 113176 ANCHORAGE, AK 99511-3176	92-0161429	501(C)(3)	202,000.				OPERATIONAL SUPPORT
(11) CHOICES INC 1231 GAMBELL ST SUITE 300	75-3149780	501(C)(3)	200,000.				OPERATIONAL SUPPORT
(12) UNITED HUMAN SERVICES OF SE ALASKA 3225 HOSPITAL DRIVE, SUITE 100	27-1819146	501(C)(3)	200,000.				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) KENAI PENINSULA FOOD BANK INC 33955 COMMUNITY COLLEGE DRIVE	94-3112445	501(C)(3)	197,026.				OPERATIONAL SUPPORT
(2) BOYS AND GIRLS CLUB OF THE KENAI PENINSULA 320 S SPRUCE STREET KENAI, AK 99611	94-3067142	501(C)(3)	183,927.				OPERATIONAL SUPPORT
(3) ALASKA PUBLIC MEDIA ESKA KAJOM 3877 UNIVERSITY DRIVE	23-7394629	501(C)(3)	181,742.				OPERATIONAL SUPPORT
(4) ORUTSARARMIUT NATIVE COUNCIL PO BOX 927 BETHEL, AK 99559	92-0074128	GOVERNMENT	179,303.				OPERATIONAL SUPPORT
(5) HOPE COMMUNITY RESOURCES INC 540 W INTERNATIONAL AIRPORT ROAD	92-0036594	501(C)(3)	170,574.				OPERATIONAL SUPPORT
(6) UNITED WAY OF ANCHORAGE PO BOX 200108 ANCHORAGE, AK 99520	92-0027948	501(C)(3)	164,635.				OPERATIONAL SUPPORT
(7) CATHOLIC SOCIAL SERVICES BROTHER FRANCIS SH 4600 DEBARR ROAD SUITE 201	92-0037322	501(C)(3)	162,582.				OPERATIONAL SUPPORT
(8) COVENANT HOUSE ALASKA PO BOX 100620 ANCHORAGE, AK 99510	13-3419755	501(C)(3)	162,535.				OPERATIONAL SUPPORT
(9) ALASKA EATING DISORDERS ALLIANCE 440 OCEANVIEW DRIVE ANCHORAGE, AK 99515	84-3178623	501(C)(3)	161,050.				OPERATIONAL SUPPORT
(10) ANCHORAGE NEIGHBORHOOD HEALTH CENTER INC 4951 BUSINESS PARK BLVD.	92-0047965	501(C)(3)	159,000.				OPERATIONAL SUPPORT
(11) STAR OF THE NORTH LUTHERAN CHURCH 216 W FOREST DRIVE KENAI, AK 99611-7403	94-2474881	501(C)(3)	155,771.				OPERATIONAL SUPPORT
(12) OPERATION CHILDREN FIRST 1600 WOODSIDE AVE KENAI, AK 99611-6601	84-3299344	501(C)(3)	153,925.				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE COMPASS 51781 KEGAI SPUR HWY KENAI, AK 99611	82-3609672	501(C)(3)	147,835.				OPERATIONAL SUPPORT
(2) IDITAROD TRAIL COMMITTEE 2100 SOUTH KNIK GOOSEBAY ROAD	92-0043991	501(C)(3)	145,000.				OPERATIONAL SUPPORT
(3) AMERICAN CANCER SOCIETY INC 3851 PIPER ST, STE U240 ANCHORAGE, AK 99508	13-1788491	501(C)(3)	142,402.				OPERATIONAL SUPPORT
(4) HAINES ASSISTED LIVING PO BOX 916 HAINES, AK 99827	20-5805082	501(C)(3)	132,308.				OPERATIONAL SUPPORT
(5) DOWNTOWN HOPE CENTER PO BOX 202684 ANCHORAGE, AK 99520	92-0141715	501(C)(3)	130,120.				OPERATIONAL SUPPORT
(6) BARANCE ISLAND HOUSING AUTHORITY 245 KATLIAN STREET SITKA, AK 99835	92-0116560	GOVERNMENT	125,000.				OPERATIONAL SUPPORT
(7) GOLDBELT HERITAGE FOUNDATION ONE SEALASKA PLAZA SUITE 201	81-0645819	501(C)(3)	125,000.				OPERATIONAL SUPPORT
(8) MY HOUSE 300 NORTH WILLOW STREET WASILLA, AK 99654	45-3954205	501(C)(3)	123,911.				OPERATIONAL SUPPORT
(9) FOOD BANK OF ALASKA 2192 VIKING DRIVE ANCHORAGE, AK 99501	92-0073175	501(C)(3)	123,511.				OPERATIONAL SUPPORT
(10) FREEDOM HOUSE 185 SHADY LANE SOLDOTNA, AK 99669	81-3604382	501(C)(3)	121,950.				OPERATIONAL SUPPORT
(11) SOLDOTNA AREA SENIOR CITIZENS INC 197 W PARK AVENUE SOLDOTNA, AK 99669	92-0116416	501(C)(3)	119,500.				OPERATIONAL SUPPORT
(12) ALASKA NATIVE JUSTICE CENTER 3400 SAN JERONIMO ANCHORAGE, AK 99508	92-0145727	GOVERNMENT	118,280.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

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- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) IONIA INC. 54932 BURDOCK ROAD KASILOF, AK 99610	92-0159153	501(C)(3)	116,917.				OPERATIONAL SUPPORT
(2) POLYNESIAN ASSOCIATION OF ALASKA, INC. 8060 COUNTRY WOODS DRIVE	03-0552932	501(C)(3)	114,000.				OPERATIONAL SUPPORT
(3) BEAN'S CAFE 1020 E 4TH AVE ANCHORAGE, AK 99501	92-0072522	501(C)(3)	113,002.				OPERATIONAL SUPPORT
(4) UNITED WAY OF MAT SU 550 S. ALASKA STREET, SUITE 205	92-0126154	501(C)(3)	112,500.				OPERATIONAL SUPPORT
(5) KENAI SENIOR SERVICES - CITY OF KENAI 361 SENIOR COURT KENAI, AK 99611	92-6001599	501(C)(3)	110,000.				OPERATIONAL SUPPORT
(6) SEWARD PREVENTION COALITION PO BOX 482 SEWARD, AK 99664	47-5624328	501(C)(3)	109,755.				OPERATIONAL SUPPORT
(7) UNIVERSITY OF ALASKA FOUNDATION PO BOX 755120 FAIRBANKS, AK 99775	23-7394620	501(C)(3)	108,567.				OPERATIONAL SUPPORT
(8) ALEUTIAN FRIBILOF ISLANDS ASSOCIATION, INC. 1131 E. INTERNATIONAL AIRPORT ROAD	92-0073013	501(C)(3)	104,793.				OPERATIONAL SUPPORT
(9) CITY OF TOKSOOK BAY PO BOX 37008 TOKSOOK BAY, AK 99637	92-0044121	GOVERNMENT	104,303.				OPERATIONAL SUPPORT
(10) ALASKA NATIVE VILLAGE CORPORATION ASSOCIATI 745 W. 4TH AVENUE SUITE 302	26-1698277	501(C)(3)	100,000.				OPERATIONAL SUPPORT
(11) DENALI FAMILY SERVICES 1251 MULDOON RD SUITE 116	92-0155751	501(C)(3)	100,000.				OPERATIONAL SUPPORT
(12) JUNEAU YOUTH SERVICES, INC. PO BOX 32839 JUNEAU, AK 99803	92-0038549	501(C)(3)	100,000.				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LINKS MAT-SU PARENT RESOURCE CENTER 777 NORTH CRUSEY ST. STE A101	92-0144494	501(C)(3)	100,000.				OPERATIONAL SUPPORT
(2) MATANUSKA SUSITNA CONVENTION & VISITORS BUR 610 S BAILEY ST SUITE 201 PALMER, AK 99645	92-0118165	501(C)(3)	100,000.				OPERATIONAL SUPPORT
(3) SOUTHEAST ALASKA STATE FAIR PO BOX 385 HAINES, AK 99827	23-7078520	501(C)(3)	100,000.				OPERATIONAL SUPPORT
(4) UNITED WAY OF THE TANANA VALLEY PO BOX 74396 FAIRBANKS, AK 99707	92-6003642	501(C)(3)	100,000.				OPERATIONAL SUPPORT
(5) VETERANS OF FOREIGN WARS AUXILIARY POST 100 PO BOX 942 BETHEL, AK 99559-0942	92-0067491	501(C)(3)	100,000.				OPERATIONAL SUPPORT
(6) PRINCE WILLIAM SOUND SCIENCE CENTER PO BOX 705 CORDOVA, AK 99574	92-0129853	501(C)(3)	98,122.				OPERATIONAL SUPPORT
(7) SOUTHEAST ALASKA INDEPENDENT LIVING (SAIL) 8711 TEAL STREET, SUITE 300	92-0144370	501(C)(3)	93,180.				OPERATIONAL SUPPORT
(8) YOUTH ADVOCATES OF SITKA INC 805 LINCOLN STREET SITKA, AK 99835	92-0064393	501(C)(3)	90,000.				OPERATIONAL SUPPORT
(9) FIRST CITY HOMELESS SERVICES DAY SHELTER PO BOX 23095 KETCHIKAN, AK 99901	26-2565838	501(C)(3)	88,750.				OPERATIONAL SUPPORT
(10) ALASKA TRAILS PO BOX 100627 ANCHORAGE, AK 99510	73-1677483	501(C)(3)	88,456.				OPERATIONAL SUPPORT
(11) ALASKA CHILDREN'S INSTITUTE FOR THE PERFORM PO BOX 322 KENAI, AK 99611	92-0168259	501(C)(3)	88,323.				OPERATIONAL SUPPORT
(12) SOLDOTNA HIGH SCHOOL 425 W MARYDALE AVE SOLDOTNA, AK 99669	92-0030923	501(C)(3)	86,758.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

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Department of the Treasury
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Name of the organization

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Employer identification number

92-0155067

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALASKA HEALTH FAIR, INC. 720 W 58TH AVE, STE J	92-0118421	501(C)(3)	86,159.				OPERATIONAL SUPPORT
(2) OUTER COAST PO BOX 6573 SITKA, AK 99835	82-3228207	501(C)(3)	85,876.				OPERATIONAL SUPPORT
(3) YOUNG LIFE PO BOX 92153 ANCHORAGE, AK 99509	84-0385934	501(C)(3)	85,000.				OPERATIONAL SUPPORT
(4) THE ARC OF ANCHORAGE 2211 ARCA DRIVE ANCHORAGE, AK 99508	92-0028571	501(C)(3)	81,200.				OPERATIONAL SUPPORT
(5) LOVE INC OF THE KENAI PENINSULA PO BOX 3052 KENAI, AK 99611	92-0123380	501(C)(3)	80,827.				OPERATIONAL SUPPORT
(6) KENAI PENINSULA HOCKEY ASSOCIATION BOOSTER 35230 KENAI SPUR HWY SOLDOTNA, AK 99669	82-2787152	501(C)(3)	80,460.				OPERATIONAL SUPPORT
(7) CHEVAK TRADITIONAL COUNCIL PO BOX 140 CHEVAK, AK 99563	00-0000000	GOVERNMENT	80,000.				OPERATIONAL SUPPORT
(8) KODIAK AREA NATIVE ASSOCIATION 3449 EAST REZANOF DRIVE KODIAK, AK 99615	92-0038225	501(C)(3)	80,000.				OPERATIONAL SUPPORT
(9) NATIVE VILLAGE OF HOOPER BAY PO BOX 69 HOOPER BAY, AK 99604	92-0063052	NATIVE VILL	80,000.				OPERATIONAL SUPPORT
(10) NEWTOK VILLAGE COUNCIL PO BOX 5596 NEWTOK, AK 99559	00-0000000	GOVERNMENT	80,000.				OPERATIONAL SUPPORT
(11) THE LEESHORE CENTER 325 S SPRUCE ST. KENAI, AK 99611	92-0069306	501(C)(3)	79,560.				OPERATIONAL SUPPORT
(12) SITKA HOMELESS COALITION PO BOX 1112 SITKA, AK 99835	83-0674617	501(C)(3)	79,000.				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

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Department of the Treasury
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHALLENGE ALASKA 3350 COMMERCIAL DRIVE SUITE 208	92-0080897	501(C)(3)	78,338.				OPERATIONAL SUPPORT
(2) ALASKA DIVE SEARCH RESCUE AND RECOVERY TEAM 7004-A GOLD KINGS AVE	81-4286647	501(C)(3)	76,995.				OPERATIONAL SUPPORT
(3) ALASKA SUDAN MEDICAL PROJECT - ALASKA HEALT PO BOX 230183 ANCHORAGE, AK 99523	26-2862955	501(C)(3)	75,000.				OPERATIONAL SUPPORT
(4) CENTRAL AREA RURAL TRANSIT SYSTEM, INC. (CA PO BOX 993 SOLDOTNA, AK 99669	92-0170748	501(C)(3)	75,000.				OPERATIONAL SUPPORT
(5) STONE SOUP GROUP 307 E. NORTHERN LIGHTS BLVD., SUITE 100	92-0149995	501(C)(3)	72,212.				OPERATIONAL SUPPORT
(6) CHILKOOT INDIAN ASSOCIATION PO BOX 490 HAINES, AK 99827	92-0078667	501(C)(3)	70,517.				OPERATIONAL SUPPORT
(7) GREATER HOUSTON COMMUNITY FOUNDATION 515 POST OAK BLVD, STE 1000	23-7160400	501(C)(3)	70,003.				OPERATIONAL SUPPORT
(8) THE SALVATION ARMY 143 E 9TH AVE ANCHORAGE, AK 99501	94-1156347	501(C)(3)	69,194.				OPERATIONAL SUPPORT
(9) TRINITY CHRISTIAN CENTER 37710 KEGUI SPUR HWY SOLDOTNA, AK 99669	92-0124047	501(C)(3)	68,000.				OPERATIONAL SUPPORT
(10) GAMERS SPORTS TRAVEL/RBI ALASKA PO BOX 221342 ANCHORAGE, AK 99522	47-3168191	501(C)(3)	67,500.				OPERATIONAL SUPPORT
(11) GASTINEAU HUMAN SERVICES CORPORATION 5597 AISEK STREET JUNEAU, AK 99801	92-0065232	501(C)(3)	66,739.				OPERATIONAL SUPPORT
(12) ANAIC 100 W 13TH AVE ANCHORAGE, AK 99501	92-0061049	501(C)(3)	65,650.				OPERATIONAL SUPPORT

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(1) CLARE SWAN EARLY LEARNING CENTER 800 NORTHWAY DRIVE ANCHORAGE, AK 99508-2016	82-4315629	501(C)(3)	65,000.				OPERATIONAL SUPPORT
(2) SHELDON JACKSON CHILD CARE CENTER 111 JOHN BRADY DRIVE SITKA, AK 99835	26-1129551	501(C)(3)	65,000.				OPERATIONAL SUPPORT
(3) NATIONAL MULTIPLE SCLEROSIS SOCIETY - TEXAS 1050 N POST OAK ROAD SUITE 240	13-5661935	501(C)(3)	64,230.				OPERATIONAL SUPPORT
(4) DENALI ARTS COUNCIL PO BOX 404 TALKEETNA, AK 99676	92-0083375	501(C)(3)	62,850.				OPERATIONAL SUPPORT
(5) SOLDOTNA WHALERS WRESTLING CLUB 35930 KENAI SPUR HWY SOLDOTNA, AK 99669	30-0882982	501(C)(3)	62,136.				OPERATIONAL SUPPORT
(6) THE DOOR PO BOX 74155 FAIRBANKS, AK 99707-4155	90-0434664	501(C)(3)	60,750.				OPERATIONAL SUPPORT
(7) GARY SINISE FOUNDATION PO BOX 368 WOODLAND HILLS, CA 91365	80-0587086	501(C)(3)	60,663.				OPERATIONAL SUPPORT
(8) ABC LIFE CHOICES 501 FRONTAGE ROAD KENAI, AK 99611	92-0113488	501(C)(3)	60,108.				OPERATIONAL SUPPORT
(9) ALASKA'S HEALING HEARTS PO BOX 876061 WASILLA, AK 99687	27-4036000	501(C)(3)	58,560.				OPERATIONAL SUPPORT
(10) SOLID ROCK MINISTRIES INC 36251 SOLID ROCK RD UNIT 1	92-0056492	501(C)(3)	57,270.				OPERATIONAL SUPPORT
(11) ANCHORAGE COALITION TO END HOMELESSNESS PO BOX 243041 ANCHORAGE, AK 99524	46-1156688	501(C)(3)	57,096.				OPERATIONAL SUPPORT
(12) BOYS AND GIRLS CLUBS ALASKA 2300 W 36TH AVENUE ANCHORAGE, AK 99517	92-0036082	501(C)(3)	55,500.				OPERATIONAL SUPPORT

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(1) KENAI PENINSULA ANIMAL LOVERS RESCUE PO BOX 1876 KENAI, AK 99611	83-3038642	501(C)(3)	55,042.				OPERATIONAL SUPPORT
(2) KENAI CHRISTIAN CHURCH 104 MCKINLEY ST KENAI, AK 99611	92-0096721	501(C)(3)	54,000.				OPERATIONAL SUPPORT
(3) SOLDOTNA BIBLE CHAPEL 300 W MARYDALE AVE SOLDOTNA, AK 99669	23-7209759	501(C)(3)	53,900.				OPERATIONAL SUPPORT
(4) KENAI LOCAL FOOD CONNECTION 39450 REIDMAN STREET STERLING, AK 99672	92-0151271	501(C)(3)	53,000.				OPERATIONAL SUPPORT
(5) WAY OUT WOMEN, INC PO BOX 39653 NINILCHIK, AK 99639-0653	83-3151231	501(C)(3)	52,200.				OPERATIONAL SUPPORT
(6) INSTITUTE OF THE NORTH 715 L STREET, SUITE 300 ANCHORAGE, AK 99501	75-3155877	501(C)(3)	51,498.				OPERATIONAL SUPPORT
(7) ALASKA EXCEL 4101 UNIVERSITY DRIVE ANCHORAGE, AK 99508	46-1486834	501(C)(3)	51,000.				OPERATIONAL SUPPORT
(8) ALASKA INNOCENCE PROJECT PO BOX 201656 ANCHORAGE, AK 99502	20-8663089	501(C)(3)	51,000.				OPERATIONAL SUPPORT
(9) ANCHORAGE PROJECT ACCESS CHA 3340 PROVIDENCE DRIVE SUITE A370	92-0152088	501(C)(3)	51,000.				OPERATIONAL SUPPORT
(10) KUAC FRIENDS GROUP 1718 TANANA LOOP SUITE 202	47-4121401	501(C)(3)	50,500.				OPERATIONAL SUPPORT
(11) RAVEN RADIO KCMW COASTALASKA 2 LINCOLN ST, SUITE B SITKA, AK 99835	92-0073406	501(C)(3)	50,500.				OPERATIONAL SUPPORT
(12) SUSAN G. KOMEN 3-DAY PO BOX 660843 DALLAS, TX 75266-0843	75-1835298	501(C)(3)	50,234.				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) KAKE TRIBAL HERITAGE FOUNDATION 374 YEKU ROAD KAKE, AK 99830	94-3149724	501(C)(3)	50,000.				OPERATIONAL SUPPORT
(2) REGIONAL ALCOHOL AND DRUG ABUSE COUNSELOR T 3901 OLD SEWARD HIGHWAY, SUITE 8	94-3166385	501(C)(3)	50,000.				OPERATIONAL SUPPORT
(3) RESTORE INCORPORATED 542 FOURTH AVENUE SUITE B#101	47-5291237	501(C)(3)	50,000.				OPERATIONAL SUPPORT
(4) NORDIC SKIING ASSOCIATION OF ANCHORAGE 9170 JEWEL LAKE RD STE 200	23-7232617	501(C)(3)	49,247.				OPERATIONAL SUPPORT
(5) RESPONSE CHURCH PO BOX 230852 ANCHORAGE, AK 99523	47-4239641	501(C)(3)	48,800.				OPERATIONAL SUPPORT
(6) NORTHWESTERN ALASKA CAREER AND TECHNICAL CE PO BOX 225 UNALAKLEET, AK 99684	92-0058118	501(C)(3)	48,534.				OPERATIONAL SUPPORT
(7) STERLING COMMUNITY CENTER PO BOX 15 STERLING, AK 99672	92-0154977	501(C)(3)	48,500.				OPERATIONAL SUPPORT
(8) BETHEL COMMUNITY SERVICES FOUNDATION PO BOX 2189 BETHEL, AK 99559	92-0146538	501(C)(3)	48,108.				OPERATIONAL SUPPORT
(9) NEW LIFE ASSEMBLY OF GOD 209 PRINCESS ST KENAI, AK 99611	92-0090437	501(C)(3)	48,000.				OPERATIONAL SUPPORT
(10) HAI-SU AMATEUR HOCKEY ASSOCIATION PO BOX 871880 WASILLA, AK 99687	92-0060967	501(C)(3)	47,250.				OPERATIONAL SUPPORT
(11) ANCHORAGE YOUNG CANCER COALITION 3148 DISCOVERY BAY DRIVE	46-4294586	501(C)(3)	45,200.				OPERATIONAL SUPPORT
(12) ARMED SERVICES YMCA OF ALASKA PO BOX 6272 JBER, AK 99506	92-0016680	501(C)(3)	44,650.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2022

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OMB No. 1545-0047

2022

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Department of the Treasury
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(1) SAINT ELIZABETH ANN SETON PARISH AND SCHOOL 2901 HUFFMAN RD ANCHORAGE, AK 99516-2042	92-0122388	501(C)(3)	44,276.				OPERATIONAL SUPPORT
(2) MAKE A WISH ALASKA AND WASHINGTON 430 WEST 7TH AVENUE SUITE 110	91-1329433	501(C)(3)	44,165.				OPERATIONAL SUPPORT
(3) ALASKA RESOURCE EDUCATION 601 E 57TH PLACE, STE 104	92-0117527	501(C)(3)	43,716.				OPERATIONAL SUPPORT
(4) STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BOULEVARD	02-0554654	501(C)(3)	43,017.				OPERATIONAL SUPPORT
(5) VILLAGE OF SOLOMON PO BOX 2053 NOME, AK 99762	92-0147770	NATIVE VILL	43,000.				OPERATIONAL SUPPORT
(6) SRIKU 5401 CORDOVA STREET SUITE 303	46-3175050	501(C)(3)	42,650.				OPERATIONAL SUPPORT
(7) KENAI CENTRAL HIGH SCHOOL 9583 KENAI SPUR HIGHWAY KENAI, AK 99611	92-0030923	501(C)(3)	42,110.				OPERATIONAL SUPPORT
(8) CITY OF DEERING PO BOX 49 DEERING, AK 99736	00-0000000	GOVERNMENT	41,667.				OPERATIONAL SUPPORT
(9) CITY OF KIVALINA PO BOX 50079 KIVALINA, AK 99750	92-0048266	GOVERNMENT	41,667.				OPERATIONAL SUPPORT
(10) CITY OF KOTZEBUE PO BOX 46 KOTZEBUE, AK 99752	00-0000000	GOVERNMENT	41,667.				OPERATIONAL SUPPORT
(11) ANCHORAGE LIBRARY FOUNDATION PO BOX 244714 ANCHORAGE, AK 99524	92-0081583	501(C)(3)	41,100.				OPERATIONAL SUPPORT
(12) HOMER FOUNDATION PO BOX 2600 HOMER, AK 99603	92-0139183	501(C)(3)	41,076.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2022

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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2022

**Open to Public
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Department of the Treasury
Internal Revenue Service

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(1) BEANS CAFE INC THE CHILDREN'S LUNCHBOX 1020 E 4TH AVE ANCHORAGE, AK 99501	92-0072522	501(C)(3)	40,409.				OPERATIONAL SUPPORT
(2) SPIRIT OF YOUTH PO BOX 243721 ANCHORAGE, AK 99524	92-0168893	501(C)(3)	40,400.				OPERATIONAL SUPPORT
(3) SOLDOTNA BAPTIST CHURCH 223 E REDOUBT SOLDOTNA, AK 99669	00-0000000	501(C)(3)	40,000.				OPERATIONAL SUPPORT
(4) ALASKA SPCA 3710 WOODLAND DRIVE ANCHORAGE, AK 99517	92-0068910	501(C)(3)	39,448.				OPERATIONAL SUPPORT
(5) ALASKA LITERACY PROGRAM INC 1345 RUDAKOP CIRCLE SUITE 104	23-7451172	501(C)(3)	39,000.				OPERATIONAL SUPPORT
(6) KENAI MIDDLE SCHOOL 201 TINKER LANE KENAI, AK 99611	00-0000000	501(C)(3)	39,000.				OPERATIONAL SUPPORT
(7) DISTRICT 49A LIONS FOUNDATION INC PO BOX 240613 ANCHORAGE, AK 99524-0613	51-0188867	501(C)(3)	38,215.				OPERATIONAL SUPPORT
(8) NORTHERN LIGHTS SWIM CLUB BOOSTERS 16349 SEVILLE PARK CIRCLE	92-0132684	501(C)(3)	37,920.				OPERATIONAL SUPPORT
(9) FIRST PRESBYTERIAN CHURCH OF SKAGWAY PO BOX 513 SKAGWAY, AK 99840	92-0070843	501(C)(3)	37,373.				OPERATIONAL SUPPORT
(10) SINGLETRACK ADVOCATES PO BOX 221382 ANCHORAGE, AK 99522	26-1437999	501(C)(3)	37,350.				OPERATIONAL SUPPORT
(11) GRACE LUTHERAN SCHOOL 47585 CIRCHANSKI RD KENAI, AK 99611	15-5671154	501(C)(3)	37,264.				OPERATIONAL SUPPORT
(12) SAMARITAN'S BURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	37,171.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2022

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Employer identification number

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(1) TRAILSIDE DISCOVERY CAMP 808 E STREET, STE 100 ANCHORAGE, AK 99501	23-7380045	501(C)(3)	36,700.				OPERATIONAL SUPPORT
(2) OUT NORTH PO BOX 90369 ANCHORAGE, AK 99508	92-0113286	501(C)(3)	36,500.				OPERATIONAL SUPPORT
(3) SPENARD JAZZ FEST 645 G STREET SUITE 100-866	45-5266934	501(C)(3)	36,500.				OPERATIONAL SUPPORT
(4) ALASKA BLACK CAUCUS PO BOX 200048 ANCHORAGE, AK 99520	92-0065953	501(C)(3)	36,300.				OPERATIONAL SUPPORT
(5) SOUTHWEST ALASKA ARTS GROUP PO BOX 264 BETHEL, AK 99559	23-7366662	501(C)(3)	36,120.				OPERATIONAL SUPPORT
(6) KENAI PENINSULA FAIR ASSOCIATION 16200 STERLING HIGHWAY NINILCHIK, AK 99639	27-0502341	501(C)(3)	36,000.				OPERATIONAL SUPPORT
(7) INDEPENDENT BAPTIST CHURCH OF ANCHORAGE 1801 E 68TH AVE ANCHORAGE, AK 99507	92-0129047	501(C)(3)	35,980.				OPERATIONAL SUPPORT
(8) PROJECT 89 FOUNDATION 600 THIRD AVENUE, 42ND FLOOR	83-2545342	501(C)(3)	35,490.				OPERATIONAL SUPPORT
(9) ANCHORAGE GOSPEL RESCUE MISSION 2823 EAST TUDOR ROAD	92-6003040	501(C)(3)	35,430.				OPERATIONAL SUPPORT
(10) OPERATION UNDERGROUND RAILROAD INC PO BOX 560902 DENVER, CO 80256-0902	46-3614979	501(C)(3)	35,019.				OPERATIONAL SUPPORT
(11) ST. PATRICK'S PARISH - ANCHORAGE 2111 MULDOON ROAD ANCHORAGE, AK 99504	92-0033244	501(C)(3)	35,000.				OPERATIONAL SUPPORT
(12) SPECIAL OLYMPICS ALASKA INC 3200 MOUNTAIN VIEW DR. ANCHORAGE, AK 99501	92-0057197	501(C)(3)	33,923.				OPERATIONAL SUPPORT

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(1) GIRDWOOD FIRE AND RESCUE INC PO BOX 915 GIRDWOOD, AK 99587-0915	92-0164627	501(C)(3)	33,700.				OPERATIONAL SUPPORT
(2) KIDS KUPBOARD 4800 N TANIS WASILLA, AK 99654	81-0989262	501(C)(3)	33,500.				OPERATIONAL SUPPORT
(3) ISALTESHI TRAILS ASSOCIATION INC PO BOX 4076 SOLDOTNA, AK 99669	92-0149707	501(C)(3)	33,168.				OPERATIONAL SUPPORT
(4) PLANNED PARENTHOOD GREAT NORTHWEST HAWAII A 2001 E MADISON ST SEATTLE, WA 98122	91-0686012	501(C)(3)	33,005.				OPERATIONAL SUPPORT
(5) FRIENDSHIP MISSION PO BOX 2634 KENAI, AK 99611	20-3445702	501(C)(3)	32,610.				OPERATIONAL SUPPORT
(6) KTOO PUBLIC MEDIA 340 EGAN DRIVE JUNEAU, AK 99801	92-0058054	501(C)(3)	32,500.				OPERATIONAL SUPPORT
(7) THE NATIVE VILLAGE OF UNALAKLEET PO BOX 270 UNALAKLEET, AK 99684	92-0039457	NATIVE VILL	32,500.				OPERATIONAL SUPPORT
(8) THE AUGUST FUND PO BOX 672369 CHUGIAK, AK 99567	46-3701510	501(C)(3)	32,340.				OPERATIONAL SUPPORT
(9) STORY WORKS ALASKA 1101 GOLDEN BEAR DRIVE ANCHORAGE, AK 99504	47-4360248	501(C)(3)	32,100.				OPERATIONAL SUPPORT
(10) KOCI 620 EGAN WAY KODIAK, AK 99615	23-7422357	501(C)(3)	32,000.				OPERATIONAL SUPPORT
(11) ANCHORAGE FIRE DEPARTMENT 100 EAST 4TH AVE ANCHORAGE, AK 99501	92-0059987	501(C)(3)	31,722.				OPERATIONAL SUPPORT
(12) ALASKA ZOO 4731 O'MALLEY RD ANCHORAGE, AK 99507	92-0039344	501(C)(3)	31,585.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2022

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(1) MAYFIELD CHURCH OF THE NAZARENE 1200 WEST BROADWAY ST MAYFIELD, KY 42066	61-6082027	501(C)(3)	31,579.				OPERATIONAL SUPPORT
(2) CLARE HOUSE 3710 E 20TH AVENUE ANCHORAGE, AK 99508	92-0037322	501(C)(3)	31,351.				OPERATIONAL SUPPORT
(3) KENAI BIBLE CHURCH PO BOX 176 KENAI, AK 99611	92-0097566	501(C)(3)	31,000.				OPERATIONAL SUPPORT
(4) CHAPTERS 2013 MAPLE ST WENATCHEE, WA 98801-1212	47-3807045	501(C)(3)	30,831.				OPERATIONAL SUPPORT
(5) ALASKA CENTER FOR THE PERFORMING ARTS 621 W 6TH AVE ANCHORAGE, AK 99501	92-0120733	501(C)(3)	30,780.				OPERATIONAL SUPPORT
(6) ALASKA NATIVE HERITAGE CENTER 8800 HERITAGE CENTER DR ANCHORAGE, AK 99504	92-0127531	GOVERNMENT	30,650.				OPERATIONAL SUPPORT
(7) ALASKA AVALANCHE SCHOOL 1113 W FIREWEED LN STE201	72-1580840	501(C)(3)	30,550.				OPERATIONAL SUPPORT
(8) FAMILY-DIRECTED EDUCATION FOUNDATION 12345 LAKE VISTA DR WILLIS, TX 77318	27-1741280	501(C)(3)	30,300.				OPERATIONAL SUPPORT
(9) CENTER FOR ALASKAN COASTAL STUDIES 708 SMOKEY BAY WAY HOMER, AK 99603	92-0086250	501(C)(3)	30,250.				OPERATIONAL SUPPORT
(10) ALASKA BOXING ACADEMY 135 WEST DIMOND BLVD #103	35-2455141	501(C)(3)	30,171.				OPERATIONAL SUPPORT
(11) ALASKA WORKS PARTNERSHIP, IN. 161 KLEVIN ST, SUITE 203	91-1786519	501(C)(3)	30,000.				OPERATIONAL SUPPORT
(12) BIRD TREATMENT AND LEARNING CENTER 15510 OLD SEWARD HWY ANCHORAGE, AK 99516	92-0130037	501(C)(3)	30,000.				OPERATIONAL SUPPORT

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(1) BEACON HILL 2807 ARCTIC BLVD STE A ANCHORAGE, AK 99503	27-1779531	GOVERNMENT	29,950.				OPERATIONAL SUPPORT
(2) HOSPICE OF THE CENTRAL PENINSULA PO BOX 2584 SOLDOTNA, AK 99669	92-0118643	501(C)(3)	29,600.				OPERATIONAL SUPPORT
(3) PENINSULA SPAY NEUTER FUND PO BOX 750 KENAI, AK 99611	86-1360182	501(C)(3)	29,600.				OPERATIONAL SUPPORT
(4) HUMANE SOCIETY OF SOUTHEAST MO 3161 W. NORTON ROAD SPRINGFIELD, MO 65803	43-1108057	501(C)(3)	29,380.				OPERATIONAL SUPPORT
(5) KENAI LITTLE LEAGUE PO BOX 2745 KENAI, AK 99611	52-1245418	501(C)(3)	29,350.				OPERATIONAL SUPPORT
(6) VALLEY CHARITIES 400 NORTH YENLO STREET WASILLA, AK 99654	92-0130785	501(C)(3)	29,329.				OPERATIONAL SUPPORT
(7) AMERICAN RED CROSS OF ALASKA 235 EAST 8TH AVENUE SUITE 200	53-0196605	501(C)(3)	29,221.				OPERATIONAL SUPPORT
(8) AWARE, INC 1547 OLD GLACIER HWY. JUNEAU, AK 99801	92-0064944	501(C)(3)	29,000.				OPERATIONAL SUPPORT
(9) KENAI PENINSULA POP WARNER PO BOX 271 SOLDOTNA, AK 99669	91-1798888	501(C)(3)	29,000.				OPERATIONAL SUPPORT
(10) KENNICOTT-MCCARTHY VOLUNTEER FIRE DEPARTMENT PO BOX MOY GLENNHALL, AK 99588	75-3184184	501(C)(3)	28,850.				OPERATIONAL SUPPORT
(11) NORTH LIGHT COMMUNITY CHURCH 1170 SALINA STREET NORTH POLE, AK 99705	83-2425781	501(C)(3)	28,700.				OPERATIONAL SUPPORT
(12) CHALLENGER LEARNING CENTER OF ALASKA 9711 KENAI SPUR HIGHWAY KENAI, AK 99611	92-1761906	501(C)(3)	28,600.				OPERATIONAL SUPPORT

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SPRUCE ROOT INC ONE SEALASKA PLAZA, SUITE 400	45-4295940	501(C)(3)	28,600.				OPERATIONAL SUPPORT
(2) SOLDOTNA ELKS LODGE #2706 44640 PARKWAY AVENUE SOLDOTNA, AK 99669	92-0113909	501(C)(3)	28,565.				OPERATIONAL SUPPORT
(3) ANCHORAGE MUSEUM 625 C STREET ANCHORAGE, AK 99501	92-6009317	501(C)(3)	28,500.				OPERATIONAL SUPPORT
(4) ANCHORAGE HOCKEY ASSOCIATION PO BOX 202069 ANCHORAGE, AK 99520	92-0031799	501(C)(3)	28,471.				OPERATIONAL SUPPORT
(5) WOUNDED WARRIOR PROJECT, INC. 4899 BELFORT ROAD JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	28,284.				OPERATIONAL SUPPORT
(6) THE SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33607	36-2193608	501(C)(3)	28,100.				OPERATIONAL SUPPORT
(7) KENAI PERFORMERS INC PO BOX 914 KENAI, AK 99611	23-7268659	501(C)(3)	28,000.				OPERATIONAL SUPPORT
(8) ALASKA WILDLIFE CONSERVATION CENTER PO BOX 949 GIRDWOOD, AK 99587	92-0170600	501(C)(3)	27,808.				OPERATIONAL SUPPORT
(9) KACHEMAK MOOSE HABITAT INC PO BOX 355 ANCHOR POINT, AK 99556	92-0160930	501(C)(3)	27,569.				OPERATIONAL SUPPORT
(10) BIRCH RIDGE COMMUNITY CHURCH 33325 ECHO LAKE RD SOLDOTNA, AK 99669	92-0114261	501(C)(3)	27,500.				OPERATIONAL SUPPORT
(11) AMERICAN LEGION POST 20 KENAI 902 COOK AVE KENAI, AK 99611	92-6002688	501(C)(3)	27,000.				OPERATIONAL SUPPORT
(12) SHEPHERD'S HOUSE, INC. 8605 SANTA MONICA BLVD #17808	95-3269033	501(C)(3)	26,656.				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I General Information on Grants and Assistance

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(1) OUR LADY OF THE ANGELS CATHOLIC CHURCH 225 S SPRUCE ST KENAI, AK 99611	92-0122545	501(C)(3)	26,612.				OPERATIONAL SUPPORT
(2) THE CONSERVATION FUND 2727 HILAND ROAD EAGLE RIVER, AK 99577	52-1388917	501(C)(3)	26,577.				OPERATIONAL SUPPORT
(3) THE ROTARY FOUNDATION 1560 SHERMAN AVENUE EVANSTON, IL 60201	36-3245072	501(C)(3)	26,531.				OPERATIONAL SUPPORT
(4) CHAPMAN UNIVERSITY - ARGYROS SCHOOL OF BUSI ONE UNIVERSITY DRIVE ORANGE, CA 92866	95-1643992	501(C)(3)	26,501.				OPERATIONAL SUPPORT
(5) ANCHORAGE GOLF LEGACY, INC. 3651 O'MALLEY ROAD ANCHORAGE, AK 99507-4266	85-1544384	501(C)(3)	26,500.				OPERATIONAL SUPPORT
(6) YWCA ALASKA 3400 SPENARD RD SUITE 200	92-0130244	501(C)(3)	26,300.				OPERATIONAL SUPPORT
(7) ANCHORAGE PARK FOUNDATION 3201 C STREET SUITE 111 ANCHORAGE, AK 99503	41-2205907	501(C)(3)	26,200.				OPERATIONAL SUPPORT
(8) CHRISTOPHER WALDEN FOUNDATION OF HOPE 6361 PROMINENCE POINTE DRIVE	84-4564666	501(C)(3)	26,000.				OPERATIONAL SUPPORT
(9) TIMBERLAKE CHRISTIAN FELLOWSHIP 4505 236TH AVE NE REDMOND, WA 98053	91-1486167	501(C)(3)	26,000.				OPERATIONAL SUPPORT
(10) JOY LUTHERAN CHURCH 10111 EAST EAGLE RIVER LOOP RD	27-0682347	501(C)(3)	25,975.				OPERATIONAL SUPPORT
(11) IDENTITY INC 307 E NORTHERN LIGHTS BLVD. SUITE 101	92-0091087	501(C)(3)	25,416.				OPERATIONAL SUPPORT
(12) HOPE OF SOUTH TEXAS, INC. 1801 N LAURENT, STE 101 VICTORIA, TX 77901	74-2414129	501(C)(3)	25,274.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2022

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Department of the Treasury
Internal Revenue Service

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(1) ALASKA DOG AND PUPPY RESCUE PO BOX 876888 WASILLA, AK 99687	20-0332809	501(C)(3)	25,150.				OPERATIONAL SUPPORT
(2) HOSPICE OF ANCHORAGE 2612 E NORTHERN LIGHTS BLVD	92-0018009	501(C)(3)	25,150.				OPERATIONAL SUPPORT
(3) UA FOUNDATION - ANCHORAGE 1815 BRAGAN ST SUITE 203	23-7394620	501(C)(3)	25,100.				OPERATIONAL SUPPORT
(4) WATCHTOWER BIBLE AND TRACT SOCIETY OF NEW Y 900 RED MILLS ROAD WALLKILL, NY 12589	11-1753577	501(C)(3)	25,022.				OPERATIONAL SUPPORT
(5) ALASKA VETERANS MUSEUM PO BOX 773364 EAGLE RIVER, AK 99577	03-0382080	501(C)(3)	25,000.				OPERATIONAL SUPPORT
(6) BRISTOL BAY BOROUGH CHAMBER OF COMMERCE PO BOX 224 KING SALMON, AK 99613	46-1377074	GOVERNMENT	25,000.				OPERATIONAL SUPPORT
(7) CITY OF SAINT PAUL PO BOX 901 SAINT PAUL, AK 99660-0901	92-0041691	GOVERNMENT	25,000.				OPERATIONAL SUPPORT
(8) CORDOVA CHAMBER OF COMMERCE PO BOX 99 CORDOVA, AK 99574	92-0006314	GOVERNMENT	25,000.				OPERATIONAL SUPPORT
(9) DAD DADS CLUB OF LULING 100 GARDENIA CT LULING, LA 70070	81-3896157	501(C)(3)	25,000.				OPERATIONAL SUPPORT
(10) DENALI CHAMBER OF COMMERCE PO BOX 437 HEALY, AK 99743	92-0137297	GOVERNMENT	25,000.				OPERATIONAL SUPPORT
(11) FRIENDS OF FETSTA, INC. 5016 WOODCREST DRIVE MARRERO, LA 70072	88-2465004	501(C)(3)	25,000.				OPERATIONAL SUPPORT
(12) HATHAWAY HIGH SCHOOL 4040 PINE ISLAND HWY JENNINGS, LA 70546	00-0000000	501(C)(3)	25,000.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

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(1) HOMER FARMERS MARKET PO BOX 2274 HOMER, AK 99603	92-0176052	501(C)(3)	25,000.				OPERATIONAL SUPPORT
(2) INTERIOR AIDS ASSOCIATION PO BOX 71248 FAIRBANKS, AK 99707	92-0127274	501(C)(3)	25,000.				OPERATIONAL SUPPORT
(3) K-BEACH ELEMENTARY 1049 E POPPY LANE SOLDOTNA, AK 99669	92-0030923	501(C)(3)	25,000.				OPERATIONAL SUPPORT
(4) KENAI UNITED METHODIST CHURCH 607 FRONTAGE RD KENAI, AK 99611	46-4678817	501(C)(3)	25,000.				OPERATIONAL SUPPORT
(5) MERCY PROJECTS PO BOX 685 MURRIETA, CA 92564	95-3535105	501(C)(3)	25,000.				OPERATIONAL SUPPORT
(6) MIDLAND UNIVERSITY 900 N CLARKSON ST FREMONT, NE 68025	47-0376551	501(C)(3)	25,000.				OPERATIONAL SUPPORT
(7) NEIGHBORWORKS ALASKA 2515 A STREET ANCHORAGE, AK 99503	92-0082642	501(C)(3)	25,000.				OPERATIONAL SUPPORT
(8) PATRICK TAYLOR SCIENCE AND TECHNOLOGY ACADE 701 CHURCHILL PARKWAY AYOONDALE, LA 70094	00-0000000	501(C)(3)	25,000.				OPERATIONAL SUPPORT
(9) SOUTHEAST ALASKA FOOD BANK PO BOX 33681 JUNEAU, AK 99801	92-0165056	501(C)(3)	25,000.				OPERATIONAL SUPPORT
(10) VETERANS OF FOREIGN WARS - ANCHOR POINT 102 PO BOX 374 ANCHOR POINT, AK 99556-0374	92-0089163	501(C)(3)	25,000.				OPERATIONAL SUPPORT
(11) WILLOW UNITED METHODIST CHURCH PO BOX 182 WILLOW, AK 99688	90-1158030	501(C)(3)	25,000.				OPERATIONAL SUPPORT
(12) ALASKA HUMANE SOCIETY ADOPT A CAT PO BOX 240587 ANCHORAGE, AK 99524	92-0072189	501(C)(3)	24,570.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2022

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THE ALASKA COMMUNITY FOUNDATION

92-0155067

Part I General Information on Grants and Assistance

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(1) ALASKA'S EXTENDED LIFE ANIMAL SANCTUARY PO BOX 8051 NIKISKI, AK 99635	92-0178028	501(C)(3)	24,500.				OPERATIONAL SUPPORT
(2) ALEDO DANCE BOOSTERS PO BOX 1076 ALEDO, TX 76008	87-1125942	501(C)(3)	24,500.				OPERATIONAL SUPPORT
(3) KETCHIKAN WELLNESS COALITION 602 DOCK STREET, SUITE 108	27-0897521	501(C)(3)	24,088.				OPERATIONAL SUPPORT
(4) NIKISKI SENIOR CENTER PO BOX 6973 NIKISKI, AK 99635	94-3141712	501(C)(3)	23,894.				OPERATIONAL SUPPORT
(5) BETTYE DAVIS EAST ANCHORAGE HIGH SCHOOL 4025 E NORTHERN LIGHTS BLVD.	92-6000078	501(C)(3)	23,632.				OPERATIONAL SUPPORT
(6) KING'S CATHEDRAL AND CHAPELS ALASKA 1701 N LUCILE ST WASILLA, AK 99654	45-4146336	501(C)(3)	23,500.				OPERATIONAL SUPPORT
(7) FRIENDS OF THE CHUGACH NATIONAL FOREST AVAL PO BOX 242482 ANCHORAGE, AK 99524	68-0578518	501(C)(3)	23,300.				OPERATIONAL SUPPORT
(8) LEAKE TEMPLE ABE ZION PO BOX 211763 ANCHORAGE, AK 99508	92-0108558	501(C)(3)	23,060.				OPERATIONAL SUPPORT
(9) AK FIRECRACKERS 14841 LOC LOMAN LN ANCHORAGE, AK 99516	84-2625862	501(C)(3)	23,000.				OPERATIONAL SUPPORT
(10) CROSS CULTURE MINISTRIES PO BOX 740143 ARVADA, CO 80003	84-1472514	501(C)(3)	23,000.				OPERATIONAL SUPPORT
(11) YMCA OF ALASKA 5353 LAKE OTIS PARKWAY ANCHORAGE, AK 99507	92-0034878	501(C)(3)	22,950.				OPERATIONAL SUPPORT
(12) COMMUNITY PREGNANCY CENTER 4231 LAKE OTIS PARKWAY ANCHORAGE, AK 99508	92-0100206	501(C)(3)	22,835.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2022

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92-0155067

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(1) WRESTLE LIKE A GIRL, INC 1629 K STREET NW, SUITE 300	61-2428825	501(C)(3)	22,500.				OPERATIONAL SUPPORT
(2) MISSIONARY AVIATION REPAIR CENTER 595 FUNNY RIVER ROAD SOLDOTNA, AK 99669	92-0032812	501(C)(3)	22,337.				OPERATIONAL SUPPORT
(3) KCHS HOCKEY BOOSTER PO BOX 2083 KENAI, AK 99611	64-3321167	501(C)(3)	22,000.				OPERATIONAL SUPPORT
(4) MANILAQ ASSOCIATION PO BOX 256 ROTZEBUE, AK 99752	92-0041461	501(C)(3)	22,000.				OPERATIONAL SUPPORT
(5) PETERSVILLE COMMUNITY NON-PROFIT CORP. PO BOX 13392 TRAPPER CREEK, AK 99683	47-3996136	501(C)(3)	21,975.				OPERATIONAL SUPPORT
(6) ALASKA SCTP INC 625 N LUCUS RD. STE. B WASILLA, AK 99654	90-0635354	501(C)(3)	21,868.				OPERATIONAL SUPPORT
(7) CHAPEL BY THE SEA 14730 TURBAGAIN BLUFF WAY	92-0062717	501(C)(3)	21,612.				OPERATIONAL SUPPORT
(8) SOLDOTNA PROFESSIONAL FIREFIGHTERS 231 S BINKLEY ST SOLDOTNA, AK 99669-8011	47-2143205	501(C)(3)	21,500.				OPERATIONAL SUPPORT
(9) WOUNDED WARRIORS FAMILY SUPPORT, INC. 11218 JOHN GALT BLVD., STE. 103	20-1407520	501(C)(3)	21,500.				OPERATIONAL SUPPORT
(10) HOMER HOCKEY ASSOCIATION PO BOX 2703 HOMER, AK 99603	92-0143117	501(C)(3)	21,485.				OPERATIONAL SUPPORT
(11) TOP OF THE ROCKIES PO BOX 3172 ALPINE, WY 83128	86-1095600	501(C)(3)	21,412.				OPERATIONAL SUPPORT
(12) HOMER COUNCIL ON THE ARTS 355 W PIONEER AVE HOMER, AK 99603	51-0152554	501(C)(3)	21,335.				OPERATIONAL SUPPORT

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(1) GRAND PANS RETIREMENT ACRES INC PO BOX 799 DELTA JUNCTION, AK 99737	85-2397209	501(C)(3)	21,159.				OPERATIONAL SUPPORT
(2) STARLIGHT MISSIONARY BAPTIST CHURCH 206 WEBB STREET RAYNE, LA 70578	00-0000000	501(C)(3)	21,100.				OPERATIONAL SUPPORT
(3) COOK INLET ACADEMY 45872 KALIFORNISKY BEACH RD	92-0044822	501(C)(3)	21,070.				OPERATIONAL SUPPORT
(4) CHRIST COMMUNITY CHURCH 2500 W FRIEN LAKE RD	72-0754802	501(C)(3)	21,000.				OPERATIONAL SUPPORT
(5) FRIENDS OF BRSP PO BOX 670650 CHUGIAK, AK 99567	27-0258373	501(C)(3)	21,000.				OPERATIONAL SUPPORT
(6) HUSLIA VILLAGE PO BOX 70 HUSLIA, AK 99746	91-1776426	NATIVE VILL	20,715.				OPERATIONAL SUPPORT
(7) ALASKA FAMILY SERVICES 1825 SOUTH CHUGACH STREET PALMER, AK 99645	92-0078235	501(C)(3)	20,700.				OPERATIONAL SUPPORT
(8) OUR LADY OF PERPETUAL HELP 222 W REDOUBT AVE SOLDOTNA, AK 99669	92-0122488	501(C)(3)	20,700.				OPERATIONAL SUPPORT
(9) DAVIS PHINNEY FOUNDATION FOR PARKINSON'S 357 S MCCASLIN BLVD, STE 105	20-0813566	501(C)(3)	20,600.				OPERATIONAL SUPPORT
(10) BATTLE DAMS PO BOX 965 WILLOW, AK 99688	47-2810733	501(C)(3)	20,500.				OPERATIONAL SUPPORT
(11) NIKISKI FREESTYLE WRESTLING CLUB 45394 NOLA STREET KENAI, AK 99611	47-4738617	501(C)(3)	20,500.				OPERATIONAL SUPPORT
(12) ST. GERMAIN WI FIREFIGHTERS ASSOCIATION PO BOX 216 ST. GERMAIN, WI 54558	41-2219756	501(C)(3)	20,500.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2022

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2022

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(1) BUSHNELL STREET ARTS CENTER 106 W BUSHNELL AVE SUITE A HOMER, AK 99603	94-3220880	501(C)(3)	20,100.				OPERATIONAL SUPPORT
(2) ARROW HOMESCHOOL CO-OP INC 2812 VIEW RIDGE DR MELBA, ID 83641-5088	81-3550927	501(C)(3)	20,040.				OPERATIONAL SUPPORT
(3) GIRL SCOUTS OF ALASKA 2000 W INTERNATIONAL AIRPORT ROAD, C-1	92-6000179	501(C)(3)	20,011.				OPERATIONAL SUPPORT
(4) ALASKA ASSOCIATION FOR CAREER AND TECHNICAL 2650 E NORTHERN LIGHTS BLVD.	26-0355198	501(C)(3)	20,000.				OPERATIONAL SUPPORT
(5) ANCHORAGE CURLING FOUNDATION PO BOX 200686 ANCHORAGE, AK 99520	47-1960599	501(C)(3)	20,000.				OPERATIONAL SUPPORT
(6) ANCHOR POINT SENIOR CITIZENS INC PO BOX 438 ANCHOR POINT, AK 99556	92-0094773	501(C)(3)	20,000.				OPERATIONAL SUPPORT
(7) ARNOLD AND WINNIE PALMER LEGACY FOUNDATION 9000 BAY HILL BLVD ORLANDO, FL 32819-4880	81-3305976	501(C)(3)	20,000.				OPERATIONAL SUPPORT
(8) GRACE CHRISTIAN SCHOOL 12407 PINTAIL ST ANCHORAGE, AK 99516	91-1812025	501(C)(3)	20,000.				OPERATIONAL SUPPORT
(9) OLD HARBOR ALLIANCE PO BOX 71 OLD HARBOR, AK 99643	47-1510062	501(C)(3)	20,000.				OPERATIONAL SUPPORT
(10) PACIFIC COMMUNITY OF ALASKA 3001 PORCUPINE DRIVE ANCHORAGE, AK 99501	87-1247167	501(C)(3)	20,000.				OPERATIONAL SUPPORT
(11) PENINSULA OILERS PO BOX 318 KENAI, AK 99611	92-0136498	501(C)(3)	20,000.				OPERATIONAL SUPPORT
(12) PREVENT CHILD ABUSE AMERICA 228 SOUTH WABASH AVENUE CHICAGO, IL 60604	23-7235671	501(C)(3)	20,000.				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PROYECTO FE PO BOX 241966 ANCHORAGE, AK 99524	92-0167922	501(C)(3)	20,000.				OPERATIONAL SUPPORT
(2) CORNERSTONE CHURCH 10431 BRAYTON DRIVE ANCHORAGE, AK 99507	92-6010291	501(C)(3)	19,833.				OPERATIONAL SUPPORT
(3) CHOSEN 33325 ECHO LAKE RD SOLDOTNA, AK 99669	92-0151271	501(C)(3)	19,540.				OPERATIONAL SUPPORT
(4) ANCHOR POINT FOOD PANTRY PO BOX 266 ANCHOR POINT, AK 99556	46-1962921	501(C)(3)	19,493.				OPERATIONAL SUPPORT
(5) CHILDREN'S VILLAGE FOUNDATION INC. 1350 W HANLEY AVE COEUR D'ALENE, ID 83815	82-0485532	501(C)(3)	19,297.				OPERATIONAL SUPPORT
(6) FARM LOOP CHRISTIAN CENTER PO BOX 893 PALMER, AK 99645	92-0047232	501(C)(3)	19,200.				OPERATIONAL SUPPORT
(7) LOST LAKE RUN PO BOX 241367 ANCHORAGE, AK 99524	20-5812503	501(C)(3)	19,200.				OPERATIONAL SUPPORT
(8) R.E.A.C.H. 907 - RESTORING, EMPOWERING ALAS PO BOX 876646 WASILLA, AK 99687	83-2233177	501(C)(3)	19,000.				OPERATIONAL SUPPORT
(9) FOUR VALLEYS COMMUNITY SCHOOL INC PO BOX 790 GIRDWOOD, AK 99587	20-1259568	501(C)(3)	19,000.				OPERATIONAL SUPPORT
(10) CHOOSING OUR ROOTS PO BOX 141831 ANCHORAGE, AK 99514	82-3583339	501(C)(3)	18,971.				OPERATIONAL SUPPORT
(11) STERLING SENIOR CITIZENS, INC. 34453 STERLING HWY STERLING, AK 99672	94-3100045	501(C)(3)	18,968.				OPERATIONAL SUPPORT
(12) MAT SU TRAILS AND PARKS FOUNDATION PO BOX 652 PALMER, AK 99645	90-0699180	501(C)(3)	18,910.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2022

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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2022

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Department of the Treasury
Internal Revenue Service

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Employer identification number

92-0155067

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(1) HABITAT FOR HUMANITY 900 E. HENSON BLVD ANCHORAGE, AK 99508	92-0140434	501(C)(3)	18,874.				OPERATIONAL SUPPORT
(2) ST. LUKE'S UNITED METHODIST CHURCH FOUNDATI 3471 WESTHEIMER RD HOUSTON, TX 77027	74-6065646	501(C)(3)	18,667.				OPERATIONAL SUPPORT
(3) BLOOMFIELD BOBCAT FOOTBALL BOOSTER CLUB PO BOX 832 BLOOMFIELD, NH 97413	87-0861551	501(C)(3)	18,500.				OPERATIONAL SUPPORT
(4) SEWARD SENIOR CENTER PO BOX 1195 SEWARD, AK 99664	92-0072425	501(C)(3)	18,500.				OPERATIONAL SUPPORT
(5) HIGHWAY 69 MISSION 203 N JACKSON JACKSONVILLE, TX 75766-4521	83-1329199	501(C)(3)	18,350.				OPERATIONAL SUPPORT
(6) ANTI-DEFAMATION LEAGUE 2200 6TH AVENUE SUITE 835 SEATTLE, WA 98121	13-1818723	501(C)(3)	18,000.				OPERATIONAL SUPPORT
(7) ARCTIC VALLEY SKI AREA PO BOX 200546 ANCHORAGE, AK 99520	92-6003384	501(C)(3)	18,000.				OPERATIONAL SUPPORT
(8) BIRCHWOOD CAMP OF THE ALASKA METHODIST CONF PO BOX 670049 CHUGIAK, AK 99567	23-7282833	501(C)(3)	17,750.				OPERATIONAL SUPPORT
(9) EAGLE RIVER NATURE CENTER 32750 EAGLE RIVER RD EAGLE RIVER, AK 99577	92-0156981	501(C)(3)	17,730.				OPERATIONAL SUPPORT
(10) ALASKA BOTANICAL GARDEN 4601 CAMPBELL AIRSTRIP ROAD	92-0115504	501(C)(3)	17,500.				OPERATIONAL SUPPORT
(11) FORCE 4 HOPE 8009 N. IONIA ROAD	26-4091542	501(C)(3)	17,500.				OPERATIONAL SUPPORT
(12) KENAI CENTRAL FOOTBALL CLUB 510 HEMLOCK AVE KENAI, AK 99611	92-0110404	501(C)(3)	17,475.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2022

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Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

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(1) NEW LIFE FELLOWSHIP 2045 N 800 E NORTH LOGAN, UT 84341	87-0549033	501(C)(3)	17,400.				OPERATIONAL SUPPORT
(2) SHILOH COMMUNITY HOUSING INC 1677 JUNEAU DR ANCHORAGE, AK 99501	92-0177924	501(C)(3)	17,400.				OPERATIONAL SUPPORT
(3) MATSU FOOD BANK AKA FOOD PANTRY OF WASILLA PO BOX 873280 WASILLA, AK 99654	92-0150918	501(C)(3)	17,375.				OPERATIONAL SUPPORT
(4) ALASKA SOUTH CENTRAL POP WARNER FOOTBALL AS PO BOX 773625 EAGLE RIVER, AK 99577	23-1582287	501(C)(3)	17,100.				OPERATIONAL SUPPORT
(5) DENALI EDUCATION CENTER PO BOX 212 DENALI NATIONAL PARK, AK 99755	92-0131177	501(C)(3)	17,100.				OPERATIONAL SUPPORT
(6) ACLU OF ALASKA FOUNDATION 1057 W FIREWEED LANE SUITE 207	23-7113202	501(C)(3)	17,000.				OPERATIONAL SUPPORT
(7) AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	17,000.				OPERATIONAL SUPPORT
(8) CHILDREN'S HEALTH DEFENSE 852 FRANKLIN AVENUE SUITE 511	26-0388604	501(C)(3)	17,000.				OPERATIONAL SUPPORT
(9) EAGLE RIVER NATURE CENTER 32750 EAGLE RIVER ROAD	92-0156981	501(C)(3)	17,000.				OPERATIONAL SUPPORT
(10) HASELWOOD FAMILY FOUNDATION PO BOX 4760 BRIDGERTON, WA 98312	46-3278630	501(C)(3)	17,000.				OPERATIONAL SUPPORT
(11) ALUTIIQ MUSEUM AND ARCHAEOLOGICAL REPOSITOR 215 MISSION ROAD SUITE 101 KODIAK, AK 99615	92-0150422	501(C)(3)	16,930.				OPERATIONAL SUPPORT
(12) BAYSHORE ELEMENTARY SCHOOL 10500 BAYSHORE DR ANCHORAGE, AK 99515	92-6000082	501(C)(3)	16,842.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2022

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(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2022

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Department of the Treasury
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Employer identification number

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92-0155067

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JUNEAU COMMUNITY FOUNDATION 350 N FRANKLIN ST #4 JUNEAU, AK 99801	52-2395867	501(C)(3)	16,755.				OPERATIONAL SUPPORT
(2) HELPING AMERICAN VETERANS EXPERIENCE ALASKA 510 HEMLOCK AVENUE KENAI, AK 99611	83-0861943	501(C)(3)	16,500.				OPERATIONAL SUPPORT
(3) KINGDOM CULTURE INC 2404 PINE COVE RD FRESCOTT, AZ 86305	83-2500358	501(C)(3)	16,500.				OPERATIONAL SUPPORT
(4) LIGHTHOUSE COMMUNITY CHURCH 50939 KEGAY SPUR HIGHWAY KENAI, AK 99611	92-0123455	501(C)(3)	16,500.				OPERATIONAL SUPPORT
(5) FRONTERAS CHARTER SCHOOL 2315 N SEWARD MERIDIAN PONY	26-1873229	501(C)(3)	16,300.				OPERATIONAL SUPPORT
(6) ROYAL FAMILY KIDS ANCHORAGE CAMP #225 16123 ARTILLERY ROAD EAGLE RIVER, AK 99577	33-0380021	501(C)(3)	16,300.				OPERATIONAL SUPPORT
(7) SAVE THE CHILDREN 501 KINGS HIGHWAY EAST, SUITE 400	06-0726487	501(C)(3)	16,158.				OPERATIONAL SUPPORT
(8) HATCHER PASS SNOW RIDERS CLUB PO BOX 876524 WASILLA, AK 99687	82-3130952	501(C)(3)	16,101.				OPERATIONAL SUPPORT
(9) ALASKA PEACE OFFICERS ASSOCIATION 327 E. FIREWEED LANE ANCHORAGE, AK 99503	51-0210787	501(C)(3)	16,000.				OPERATIONAL SUPPORT
(10) EAGLE RIVER HIGH SCHOOL FOOTBALL BOOSTER CL PO BOX 770608 EAGLE RIVER, AK 99577	20-3382039	501(C)(3)	16,000.				OPERATIONAL SUPPORT
(11) FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	11-0303001	501(C)(3)	16,000.				OPERATIONAL SUPPORT
(12) FIRST BAPTIST CHURCH ANDERSON 1 FRIENDSHIP LANE ANDERSON, MO 64831	00-0000000	501(C)(3)	16,000.				OPERATIONAL SUPPORT

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(1) GRACE EVANGELICAL LUTHERAN CHURCH 47565 CIRCHANSKI RD KENAI, AK 99611	39-0842084	501(C)(3)	16,000.				OPERATIONAL SUPPORT
(2) SIGNAL MOUNTAIN BIBLE CHURCH 4872 SHACKLEFORD RIDGE RD	00-0000000	501(C)(3)	16,000.				OPERATIONAL SUPPORT
(3) ALASKA HUMANITIES FORUM 421 W 1ST AVE SUITE 200 ANCHORAGE, AK 99501	92-0042123	501(C)(3)	15,850.				OPERATIONAL SUPPORT
(4) THE WINGMAN FOUNDATION 2248 MERIDIAN BOULEVARD STE H	47-2519160	501(C)(3)	15,750.				OPERATIONAL SUPPORT
(5) TRAPPER CREEK VOLUNTEER FIRE DEPARTMENT PO BOX 13386 TRAPPER CREEK, AK 99683	84-1771295	501(C)(3)	15,700.				OPERATIONAL SUPPORT
(6) GUTENCAK NATIVE TRIBE PO BOX 1467 SEWARD, AK 99664-1467	92-0117501	NATIVE VILL	15,595.				OPERATIONAL SUPPORT
(7) ALASKA THEATRE OF YOUTH PO BOX 101212 ANCHORAGE, AK 99510	92-0102436	501(C)(3)	15,500.				OPERATIONAL SUPPORT
(8) ALASKA GEOGRAPHIC 421 W 1ST AVENUE SUITE 250	92-0043154	501(C)(3)	15,450.				OPERATIONAL SUPPORT
(9) ILISAGVIK COLLEGE PO BOX 749 UTQIAGVIK, AK 99723	92-0158414	501(C)(3)	15,450.				OPERATIONAL SUPPORT
(10) HOMEBOUND FARM & RESCUE 49765 ROCKWELL COURT	87-3977409	501(C)(3)	15,100.				OPERATIONAL SUPPORT
(11) ALASKA 4-H YOUTH DEVELOPMENT PROGRAMS INC PO BOX 756180 FAIRBANKS, AK 99775-6180	45-5610010	501(C)(3)	15,030.				OPERATIONAL SUPPORT
(12) ADULT & TEEN CHALLENGE PACIFIC NORTHWEST 6902 SE LAKE RD, STE 300	93-0844063	501(C)(3)	15,000.				OPERATIONAL SUPPORT

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(1) ALASKA COALITION ON HOUSING AND HOMELESSNES 319 SEWARD ST, STE 7 JUNEAU, AK 99801	92-0137326	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(2) ALASKA EAGLES CHARITY FOUNDATION PO BOX 240701 ANCHORAGE, AK 99524	81-3583556	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(3) ALASKA NATIVE SCIENCE & ENGINEERING PROGRAM PO BOX 141609 ANCHORAGE, AK 99514	92-6000147	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(4) ANCHORAGE YOUTH COURT 838 WEST 4TH AVE ANCHORAGE, AK 99501	92-0129615	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(5) ARCTIC EDUCATION FOUNDATION PO BOX 129 BARRROW, AK 99723	92-0068447	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(6) BRISTOL BAY NATIVE CORPORATION EDUCATION FO 111 WEST 16TH AVENUE SUITE 400	92-0141709	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(7) CALYPSO FARM & ECOLOGY CENTER PO BOX 106 ESTER, AK 99725	92-0169368	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(8) CITY OF BETHEL PO BOX 1368 BETHEL, AK 99559	92-6001644	GOVERNMENT	15,000.				OPERATIONAL SUPPORT
(9) CITY OF CORDOVA PO BOX 1210 CORDOVA, AK 99574	00-0000000	GOVERNMENT	15,000.				OPERATIONAL SUPPORT
(10) COOPER LANDING EMERGENCY SERVICES INC 38748 SNUG HARBOR ROAD	92-0170016	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(11) HAA TOO YEI YATEE PO BOX 385 HOONAH, AK 99829	87-4470480	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(12) HOPE IMPACTS 802 DOMINION DR, SUITE 900 KATY, TX 77450	47-1164626	501(C)(3)	15,000.				OPERATIONAL SUPPORT

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(1) INDEPENDENT JOURNALIST PO BOX 634 DILLINGHAM, AK 99576		501(C)(3)	15,000.				OPERATIONAL SUPPORT
(2) KETCHIKAN PRESBYTERIAN CHURCH PO BOX 7994 KETCHIKAN, AK 99901		501(C)(3)	15,000.				OPERATIONAL SUPPORT
(3) LEWIS RIVER LITTLE LEAGUE - 4470415 PO BOX 905 WOODLAND, WA 98674	23-7067126	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(4) LOST LIMBS FOUNDATION, INC PO BOX 191 ATLANTA, IN 46031	45-4964918	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(5) METAVIVOR RESEARCH AND SUPPORT, INC. 1783 FOREST DRIVE #184 ANNAPOLIS, MD 21401	37-1578088	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(6) MOUNTAIN HOME FELLOWSHIP 10856 N WOLVERINE RD PALMER, AK 99645	64-3553981	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(7) NATIVE VILLAGE OF FORT YUKON PO BOX 126 FORT YUKON, AK 99740	92-0065685	NATIVE VILL	15,000.				OPERATIONAL SUPPORT
(8) NATIVE VILLAGE OF GAMBELL P.O. BOX 90 GAMBELL, AK 99772	92-0047419	NATIVE VILL	15,000.				OPERATIONAL SUPPORT
(9) NATIVE VILLAGE OF MARY'S IGLOO PO BOX 546 TELLER, AK 99778	92-0082479	NATIVE VILL	15,000.				OPERATIONAL SUPPORT
(10) NATIVE VILLAGE OF SHISHMAREF PO BOX 72110 110 LAGOON VIEW	92-0055867	NATIVE VILL	15,000.				OPERATIONAL SUPPORT
(11) NATIVE VILLAGE OF TETLIN P.O. BOX 797 TOK, AK 99780	92-0094660	NATIVE VILL	15,000.				OPERATIONAL SUPPORT
(12) NULATO VILLAGE PO BOX 65049 NULATO, AK 99765	92-0064349	NATIVE VILL	15,000.				OPERATIONAL SUPPORT

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Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PREGNANCY CARE CENTER OF HOMER 3896 BARTLETT ST HOMER, AK 99603	92-0115549	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(2) GAWALANGIN TRIBE OF UNALASKA PO BOX 334 UNALASKA, AK 99685	92-0134953	NATIVE VILL	15,000.				OPERATIONAL SUPPORT
(3) RAINIER BOYS YOUTH BASKETBALL PO BOX 428 RAINIER, WA 98576	87-4141810	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(4) RESIDENTIAL YOUTH CARE INC/ KETCHIKAN AFTER 2514 1ST AVE KETCHIKAN, AK 99901	92-0146378	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(5) SITKA SOUND SCIENCE CENTER 834 LINCOLN STREET, SUITE 200	26-1253086	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(6) THRIVALASKA 1949 GILLAM WAY, STE F FAIRBANKS, AK 99701	92-0047999	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(7) WASILLA LAKE CHURCH OF THE NAZARENE 2001 E PALMER-WASILLA HWY WASILLA, AK 99654	92-0074681	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(8) WRANGELL SENTINEL PO BOX 798 WRANGELL, AK 99929	83-3608509	501(C)(3)	15,000.				OPERATIONAL SUPPORT
(9) FAITH LIFE CHURCH 116 CHRONICLES DRIVE MEDINA, TN 38355	86-2819633	501(C)(3)	14,992.				OPERATIONAL SUPPORT
(10) SEWARD NORDIC SKI CLUB PO BOX 2082 SEWARD, AK 99664	92-0114714	501(C)(3)	14,971.				OPERATIONAL SUPPORT
(11) WEST ANCHORAGE HIGH SCHOOL 1700 HILLCREST DRIVE ANCHORAGE, AK 99517	92-6000078	501(C)(3)	14,876.				OPERATIONAL SUPPORT
(12) FIRST CITY PLAYERS 335 MAIN STREET KETCHIKAN, AK 99901	92-6004567	501(C)(3)	14,820.				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

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(1) CATHOLIC COMMUNITY SERVICE 1803 GLACIER HIGHWAY JUNEAU, AK 99801	92-0042651	501(C)(3)	14,500.				OPERATIONAL SUPPORT
(2) CATHOLIC RELIEF SERVICES INC PO BOX 17090 BALTIMORE, MD 21297-0303	13-5563422	501(C)(3)	14,500.				OPERATIONAL SUPPORT
(3) FRIENDS OF PETERSBURG LIBRARY PO BOX 914 PETERSBURG, AK 99833	92-0177637	501(C)(3)	14,500.				OPERATIONAL SUPPORT
(4) PACIFIC NORTHERN ACADEMY 2511 SENTRY DR, STE 100 ANCHORAGE, AK 99507	92-0145501	501(C)(3)	14,500.				OPERATIONAL SUPPORT
(5) PROVIDENCE ALASKA FOUNDATION 3760 PIPER STREET SUITE 2021	92-0093565	501(C)(3)	14,500.				OPERATIONAL SUPPORT
(6) SOUTH LOUISIANA VETERAN OUTREACH PO BOX 9052 HOUMA, LA 70360	84-1950164	501(C)(3)	14,500.				OPERATIONAL SUPPORT
(7) KENAI WATERSHED FORUM 44129 STERLING HIGHWAY SOLDOTNA, AK 99669	91-1829284	501(C)(3)	14,489.				OPERATIONAL SUPPORT
(8) CAMP HOPE 9724 HERRINGTON RD HOUSTON, TX 77064	20-3864341	501(C)(3)	14,337.				OPERATIONAL SUPPORT
(9) AUSTIN'S COMPASSION EXCHANGE LENDING CLOSET PO BOX 4455 PALMER, AK 99645	82-1048424	501(C)(3)	14,312.				OPERATIONAL SUPPORT
(10) DISCOVERY SOUTHEAST 416 HARRIS ST SUITE 209 JUNEAU, AK 99801	92-0128339	501(C)(3)	14,250.				OPERATIONAL SUPPORT
(11) COALITION FOR USHER SYNDROME RESEARCH 9 CORNERSTONE SQUARE SUITE 400-224	26-4560897	501(C)(3)	14,246.				OPERATIONAL SUPPORT
(12) PLEASANT HILL BAPTIST CHURCH 38 COUNTY ROAD 132 QUITMAN, MS 39355	00-0000000	501(C)(3)	14,200.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2022

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(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2022

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Department of the Treasury
Internal Revenue Service

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Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

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(1) COOK INLET TRIBAL COUNCIL 3600 SAN JERONIMO DRIVE ANCHORAGE, AK 99508	92-0094184	GOVERNMENT	14,046.				OPERATIONAL SUPPORT
(2) CHRIST LUTHERAN CHURCH PO BOX 568 SOLDOTNA, AK 99669-0568	92-0067477	501(C)(3)	14,000.				OPERATIONAL SUPPORT
(3) FAIRVIEW LOOP BAPTIST CHURCH 3118 W FAIRVIEW LOOP RD WASILLA, AK 99654	92-0131119	501(C)(3)	14,000.				OPERATIONAL SUPPORT
(4) MAT VALLEY KITTIES AND PUPPIES RESCUE INC 411 S JEROME DR WASILLA, AK 99654-7740	64-3597209	501(C)(3)	14,000.				OPERATIONAL SUPPORT
(5) SOUTH ANCHORAGE HOCKEY ASSOCIATION 11111 O'MALLEY CENTRE DRIVE	92-0167954	501(C)(3)	14,000.				OPERATIONAL SUPPORT
(6) ROBERT SERVICE HIGH SCHOOL 5577 ABBOTT ROAD ANCHORAGE, AK 99507-4399	92-6000078	501(C)(3)	13,869.				OPERATIONAL SUPPORT
(7) NATIVE VILLAGE OF BUCKLAND PO BOX 67 BUCKLAND, AK 99727	92-0073693	NATIVE VILL	13,790.				OPERATIONAL SUPPORT
(8) ARCHDIOCESE OF ANCHORAGE 225 CORDOVA STREET ANCHORAGE, AK 99501	92-0033244	501(C)(3)	13,750.				OPERATIONAL SUPPORT
(9) KDL 919 FM PO BOX 2111 KENAI, AK 99611	92-0100717	501(C)(3)	13,750.				OPERATIONAL SUPPORT
(10) LAKE LOUISE SNOWMACHINE CLUB INC PO BOX 2511 PALMER, AK 99645	92-0172741	501(C)(3)	13,700.				OPERATIONAL SUPPORT
(11) ACTS 247 SOLDOTNA 373 W VINE AVE SOLDOTNA, AK 99611	64-4373737	501(C)(3)	13,500.				OPERATIONAL SUPPORT
(12) ALASKA SHRINERS 1930 EAST NORTHERN LIGHTS BLVD	23-7368162	501(C)(3)	13,250.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

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(1) 907VETS INC. PO BOX 1803 HOMER, AK 99603	85-1785257	501(C)(3)	13,238.				OPERATIONAL SUPPORT
(2) ALASKAN AIDS ASSISTANCE ASSOCIATION FOUR AS 1057 W FIREWEED LANE SUITE 102	92-0113788	501(C)(3)	13,109.				OPERATIONAL SUPPORT
(3) AMAZON OUTREACH INC PO BOX 873060 WASILLA, AK 99687-3060	20-8308366	501(C)(3)	13,100.				OPERATIONAL SUPPORT
(4) CORDOVA 4H MUSIC CAMP PO BOX 1053 CORDOVA, AK 99574	23-7338129	501(C)(3)	13,000.				OPERATIONAL SUPPORT
(5) FRONTLINE MISSION 2001 PALMER WASILLA HWY WASILLA, AK 99654	30-0450068	501(C)(3)	13,000.				OPERATIONAL SUPPORT
(6) KATIES HANDPRINT 4161 MARIAH DRIVE EAGLE RIVER, AK 99577	82-4671210	501(C)(3)	13,000.				OPERATIONAL SUPPORT
(7) MUSTANG HOCKEY ASSOCIATION PO BOX 773904 EAGLE RIVER, AK 99577	92-0097198	501(C)(3)	13,000.				OPERATIONAL SUPPORT
(8) SUSITNA RIVER COALITION PO BOX 320 TALKEETNA, AK 99676	32-0352363	501(C)(3)	13,000.				OPERATIONAL SUPPORT
(9) THE ASSOCIATION OF MARRIAGE AND FAMILY MINI PO BOX 28482 SCOTTSDALE, AZ 85255	20-3309284	501(C)(3)	13,000.				OPERATIONAL SUPPORT
(10) ANCHORAGE FAITH & ACTION-CONGREGATIONS TOGE PO BOX 143294 ANCHORAGE, AK 99514-3294	05-0591944	501(C)(3)	12,896.				OPERATIONAL SUPPORT
(11) ARCTIC HEAT SOFTBALL 13226 KOSRAD DRIVE EAGLE RIVER, AK 99577	92-0172924	501(C)(3)	12,700.				OPERATIONAL SUPPORT
(12) SKYVIEW MIDDLE SCHOOL 46188 STERLING HIGHWAY SOLDOTNA, AK 99669	00-0000000	501(C)(3)	12,681.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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Part I General Information on Grants and Assistance

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(1) NATIVE VILLAGE OF KOTLIK PO BOX 20210 KOTLIK, AK 99620	92-0074249	NATIVE VILL	12,675.				OPERATIONAL SUPPORT
(2) AMERICAN RED CROSS 431 18TH ST NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	12,625.				OPERATIONAL SUPPORT
(3) ALASKA JAZZ WORKSHOP 1600 WOLVERINE ST ANCHORAGE, AK 99504	92-0173835	501(C)(3)	12,500.				OPERATIONAL SUPPORT
(4) AMERICAN CANCER SOCIETY INC - SOUTHWEST DIV 2929 E THOMAS RD PHOENIX, AZ 85016	13-1788491	501(C)(3)	12,500.				OPERATIONAL SUPPORT
(5) BARNETTE MAGNET PTA 725 10TH AVE FAIRBANKS, AK 99701-4410	45-1623427	501(C)(3)	12,500.				OPERATIONAL SUPPORT
(6) DATA FOR INDIGENOUS JUSTICE 9205 COMMONS PL ANCHORAGE, AK 99502	85-0771076	501(C)(3)	12,500.				OPERATIONAL SUPPORT
(7) MARTIN AUTO MUSEUM INC 2140 W GREENWAY ROAD PHOENIX, AZ 85023-4305	26-3045615	501(C)(3)	12,500.				OPERATIONAL SUPPORT
(8) PRINCE WILLIAM SOUND STEWARDSHIP FOUNDATION PO BOX 963 GIRDWOOD, AK 99587-1743	83-1627446	501(C)(3)	12,500.				OPERATIONAL SUPPORT
(9) ST. INNOCENT ORTHODOX CATHEDRAL PO BOX 210547 ANCHORAGE, AK 99521	00-0000000	501(C)(3)	12,500.				OPERATIONAL SUPPORT
(10) TAKSHANUK WATERSHED COUNCIL HC60 BOX 2008 HAINES, AK 99827	33-1069246	GOVERNMENT	12,500.				OPERATIONAL SUPPORT
(11) RESIDENT HUNTERS OF ALASKA HERITAGE FOUNDAT 5400 EIELSON ST ANCHORAGE, AK 99518	84-4284481	501(C)(3)	12,471.				OPERATIONAL SUPPORT
(12) SAVING LIVES USA FOUNDATION PO BOX 159 SILVER POINT, TN 38582	86-3557778	501(C)(3)	12,400.				OPERATIONAL SUPPORT

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(1) ST. JUDE THADDEUS SCHOOL FOUNDATION PO BOX 2608 HAVRE, MT 59501	81-1251318	501(C)(3)	12,300.				OPERATIONAL SUPPORT
(2) HATCHER PASS AVALANCHE CENTER INC 1150 S COLONY WAY STE 3	84-2765579	501(C)(3)	12,150.				OPERATIONAL SUPPORT
(3) PIONEER AMATEUR HOCKEY ASSOCIATION PO BOX 3912 PALMER, AK 99645	27-3619839	501(C)(3)	12,010.				OPERATIONAL SUPPORT
(4) ALASKA NATIVE CULTURAL CHARTER SCHOOL 4025 EAST NORTHERN LIGHTS BLVD	92-6000078	501(C)(3)	12,000.				OPERATIONAL SUPPORT
(5) ALLAKAKET VILLAGE COUNCIL P.O BOX 50 ALLAKAKET, AK 99720	92-0063652	GOVERNMENT	12,000.				OPERATIONAL SUPPORT
(6) CASTLE CARES COMMUNITY MINISTRIES 212 N 14TH ST WEST COLUMBIA, TX 77486-2916	00-0000000	501(C)(3)	12,000.				OPERATIONAL SUPPORT
(7) CATHOLIC CAMP AND CONFERENCE MINISTRIES OF 7180 E TWIN LAKES DR WASILLA, AK 99654-4747	45-5486352	501(C)(3)	12,000.				OPERATIONAL SUPPORT
(8) COMMUNITY FOUNDATION FOR SOUTHWEST WASHINGT PO BOX 297 LA CENTER, WA 98629	91-1246778	501(C)(3)	12,000.				OPERATIONAL SUPPORT
(9) NOME COMMUNITY CENTER INC PO BOX 98 NOME, AK 99762	92-0039475	501(C)(3)	12,000.				OPERATIONAL SUPPORT
(10) NORTHGATE ALASKA CHURCH 2991 N TAIT DR WASILLA, AK 99654	92-0155675	501(C)(3)	12,000.				OPERATIONAL SUPPORT
(11) PALMER ARTS COUNCIL PO BOX 4286 PALMER, AK 99645	13-4316744	GOVERNMENT	12,000.				OPERATIONAL SUPPORT
(12) RIDGROCK FOUNDATION 1231 N 29TH ST BILLINGS, MT 59101	81-0302870	501(C)(3)	12,000.				OPERATIONAL SUPPORT

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(1) SECOND TO NONE MC PO BOX 91019 ANCHORAGE, AK 99509	47-1181990	501(C)(3)	12,000.				OPERATIONAL SUPPORT
(2) SEWARD IDITAROD TRAIL BLAZERS INC. PO BOX 1923 SEWARD, AK 99664	94-3112652	501(C)(3)	12,000.				OPERATIONAL SUPPORT
(3) SOLDOTNA CHURCH OF THE NAZARENE 229 BELUGA AVE SOLDOTNA, AK 99669	00-0000000	501(C)(3)	12,000.				OPERATIONAL SUPPORT
(4) UPPER SUSITNA FOOD PANTRY PO BOX 277 TALKEETNA, AK 99676	45-4011416	501(C)(3)	12,000.				OPERATIONAL SUPPORT
(5) VIKING BOOSTER CLUB 5530 N 4TH ST COEUR D'ALENE, ID 83815-9266	82-6008957	501(C)(3)	12,000.				OPERATIONAL SUPPORT
(6) CRU 100 LAKE HART DR ORLANDO, FL 32832	95-6006173	501(C)(3)	11,935.				OPERATIONAL SUPPORT
(7) EVANSTON YOUTH CLUB FOR BOYS & GIRLS 603 6TH ST. EVANSTON, WY 82930	31-1777768	501(C)(3)	11,875.				OPERATIONAL SUPPORT
(8) YMCA ANCHORAGE 5353 LAKE OTIS PARKWAY ANCHORAGE, AK 99507	92-0034878	501(C)(3)	11,865.				OPERATIONAL SUPPORT
(9) BEST BEGINNINGS 3350 COMMERCIAL DRIVE, #104	45-5066055	501(C)(3)	11,800.				OPERATIONAL SUPPORT
(10) KENAI CLASSICAL INC 35555 KENAI SPUR HIGHWAY 301	83-3643214	501(C)(3)	11,700.				OPERATIONAL SUPPORT
(11) SOLDOTNA LITTLE LEAGUE PO BOX 418 SOLDOTNA, AK 99669	92-0075457	501(C)(3)	11,625.				OPERATIONAL SUPPORT
(12) LAZY MOUNTAIN BIBLE CHURCH PO BOX 836 PALMER, AK 99645	00-0000000	501(C)(3)	11,558.				OPERATIONAL SUPPORT

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**Grants and Other Assistance to Organizations,
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(1) ANCHORAGE SYMPHONY ORCHESTRA 400 D STREET #230 ANCHORAGE, AK 99501	92-6002867	501(C)(3)	11,553.				OPERATIONAL SUPPORT
(2) UNITED STATES PONY CLUBS, INC. 47105 MILKY WAY KENAI, AK 99611	80-0874259	501(C)(3)	11,510.				OPERATIONAL SUPPORT
(3) STERLING BAPTIST CHURCH PO BOX 834 STERLING, AK 99672	92-0099526	501(C)(3)	11,500.				OPERATIONAL SUPPORT
(4) ALZHEIMERS RESOURCE OF ALASKA 1750 ABBOTT ROAD ANCHORAGE, AK 99507	92-0101736	501(C)(3)	11,478.				OPERATIONAL SUPPORT
(5) HAERLE HOUSE INC PO BOX 830 SELDOVIA, AK 99663	84-1821809	501(C)(3)	11,431.				OPERATIONAL SUPPORT
(6) THE MICHAEL J. FOX FOUNDATION FOR PARKINSON PO BOX 4777 NEW YORK, NY 10163-4777	13-4141945	501(C)(3)	11,250.				OPERATIONAL SUPPORT
(7) WASILLA HIGH SCHOOL 701 E BOGARD RD. WASILLA, AK 99654	92-6000034	501(C)(3)	11,250.				OPERATIONAL SUPPORT
(8) BARTLETT HIGH SCHOOL 1101 GOLDEN BEAR DRIVE ANCHORAGE, AK 99504	92-6000078	501(C)(3)	11,200.				OPERATIONAL SUPPORT
(9) AMERICAN RED CROSS: KENAI CHAPTER 450 MARATHON RD FLOOR 2 KENAI, AK 99611	53-0196605	501(C)(3)	11,000.				OPERATIONAL SUPPORT
(10) CYRANOS THEATRE COMPANY 3800 DEBARR RD ANCHORAGE, AK 99508	92-0154815	501(C)(3)	11,000.				OPERATIONAL SUPPORT
(11) EAST HIGH FOOTBALL BOOSTER CLUB PO BOX 141536 ANCHORAGE, AK 99514	35-2346379	501(C)(3)	11,000.				OPERATIONAL SUPPORT
(12) HABITAT FOR HUMANITY, INTERNATIONAL 121 HABITAT STREET AMERICUS, GA 31709	91-1914868	501(C)(3)	11,000.				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NEW MEXICO STATE UNIVERSITY FOUNDATION INC PO BOX 3590 LAS CRUCES, NM 88003	85-0170157	501(C)(3)	11,000.				OPERATIONAL SUPPORT
(2) PRAGER UNIVERSITY 15021 VENTURA BLVD. #552	27-1763901	501(C)(3)	11,000.				OPERATIONAL SUPPORT
(3) RITA B. HUFF HUMANE SOCIETY OF WALKER COUNTY 530 BEARCAT BLVD HUNTSVILLE, TX 77340	76-0045332	501(C)(3)	11,000.				OPERATIONAL SUPPORT
(4) TIGERS BASEBALL LV 1489 W MARK SPRINGS RD STE 110	84-2367119	501(C)(3)	10,800.				OPERATIONAL SUPPORT
(5) FAIRBANKS RESCUE MISSION INC PO BOX 73250 FAIRBANKS, AK 99707	23-7326856	501(C)(3)	10,750.				OPERATIONAL SUPPORT
(6) CHRISTIAN HEALTH ASSOCIATES 1825 ACADEMY DRIVE ANCHORAGE, AK 99507	92-0152088	501(C)(3)	10,625.				OPERATIONAL SUPPORT
(7) MAT-SU BOROUGH ANIMAL CARE AND REGULATION 9470 E. CHANYLUT CIRCLE PALMER, AK 99645	00-0000000	501(C)(3)	10,534.				OPERATIONAL SUPPORT
(8) CHUGIAK VOLUNTEER FIRE AND RESCUE COMPANY I 17124 OLD GLENN HIGHWAY CHUGIAK, AK 99567	92-0077503	501(C)(3)	10,500.				OPERATIONAL SUPPORT
(9) COOK INLET HOUSING AUTHORITY 3510 SPENARD ROAD SUITE 100	92-0103000	501(C)(3)	10,500.				OPERATIONAL SUPPORT
(10) NO LIMIT INC 253 ROMANS WAY FAIRBANKS, AK 99701	46-4889885	501(C)(3)	10,500.				OPERATIONAL SUPPORT
(11) THE CHURCH OF JESUS CHRIST OF LATTER-DAY SA 50 EAST NORTH TEMPLE STREET	86-0635744	501(C)(3)	10,500.				OPERATIONAL SUPPORT
(12) THE TEARS FOUNDATION 7420 GREY WOLF CIRCLE ANCHORAGE, AK 99507	45-0500497	501(C)(3)	10,500.				OPERATIONAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) 2022

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OMB No. 1545-0047

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(1) YWCA OF SPOKANE 930 NORTH MONROE STREET SPOKANE, WA 99201	91-0565025	501(C)(3)	10,500.				OPERATIONAL SUPPORT
(2) KENAI RIVER SPORTFISHING ASSOCIATION 35093 KEGAI SPUR HIGHWAY SOLDOTNA, AK 99669	92-0142698	501(C)(3)	10,350.				OPERATIONAL SUPPORT
(3) AMERICAN DIABETES ASSOCIATION - ALASKA 1570 W ARMORY WAY, SUITE 101	13-1623888	501(C)(3)	10,250.				OPERATIONAL SUPPORT
(4) PALMER CHRISTIAN CHURCH PO BOX 2561 PALMER, AK 99645	00-0000000	501(C)(3)	10,150.				OPERATIONAL SUPPORT
(5) BEAR PROJECT INC PO BOX 449 EVANSTON, WY 82931	74-2546388	501(C)(3)	10,128.				OPERATIONAL SUPPORT
(6) DELTA COMMUNITY CORPORATION 709 WEST 5TH STREET CROWLEY, LA 70526	87-3802804	501(C)(3)	10,100.				OPERATIONAL SUPPORT
(7) ADP COMMUNITY SERVICES 750 W 2ND AVENUE, SUITE 100	73-1665266	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(8) ALASKA CHILDREN'S MUSEUM 900 ANDERSON STREET ANCHORAGE, AK 99501	88-2018461	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(9) ALASKA CHINESE ASSOCIATION PO BOX 91047 ANCHORAGE, AK 99509-1047	92-0135007	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(10) AMERICAN CHARTER ACADEMY 7362 W. PARKS HWY #723 WASILLA, AK 99623	92-6000034	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(11) ANCHORAGE CONCERT CHORUS PO BOX 241447 ANCHORAGE, AK 99524-1447	23-7017298	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(12) ANCHORAGE INTERFAITH AND INTERAGENCY DISAST PO BOX 240834 ANCHORAGE, AK 99524	71-0963557	501(C)(3)	10,000.				OPERATIONAL SUPPORT

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

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Department of the Treasury
Internal Revenue Service

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(1) ATUX FOREVER: RESTORING ATTUANS FREEDOM 2940 SUN SPOT CIR ANCHORAGE, AK 99507	64-3695943	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(2) BECHAROF HISTORICAL PRESERVATION INC. PO BOX 220029 ANCHORAGE, AK 99522	82-2890583	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(3) BOY SCOUTS OF AMERICA MIDNIGHT SUN COUNCIL 1400 GILLAM WAY FAIRBANKS, AK 99701	92-0027314	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(4) CAMPUS CRUSADE FOR CHRIST, INC PO BOX 628222 ORLANDO, FL 32862-8222	95-6006173	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(5) CENTRAL COLLEGE 812 UNIVERSITY STREET BELLA, IA 50219	42-0680344	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(6) CHILDRENS WISH ENDORSEMENT, INC. 102 VILLAGE ST SLICELL, LA 70458	00-0000000	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(7) CHOTEAU VOLUNTEER FIRE DEPARTMENT PO BOX 777 CHOTEAU, MT 59422-0777	00-0000000	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(8) COASTLINE BAPTIST CHURCH 557 VISTA BELLA OCEANSIDE, CA 92057	00-0000000	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(9) CORDOVA FAMILY RESOURCE CENTER PO BOX 863 CORDOVA, AK 99574	92-0146388	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(10) DENALI PRESCHOOL AND LEARNING CENTER 3 SULFIDE WAY HEALY, AK 99743	83-0510765	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(11) EAGLE RIVER CHRISTIAN SCHOOL 10336 EAGLE RIVER LOOP ROAD	92-0103487	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(12) ELKS NATIONAL FOUNDATION 2750 NORTH LAKEVIEW AVENUE	26-3718342	501(C)(3)	10,000.				OPERATIONAL SUPPORT

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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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(1) FAIRBANKS DRAMA ASSOCIATION AND FAIRBANKS C 1852 2ND AVE FAIRBANKS, AK 99701	23-7251136	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(2) FAR REACHING MINISTRIES 38615 CALISTOGA DR, STE 100	33-0776828	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(3) FUNNY RIVER BIBLE CHURCH 35014 GOODYEAR ST. S SOLDOTNA, AK 99669	00-0000000	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(4) GALLATIN PERFORMANCE ACADEMY 4891 LOYAL DRIVE BOZEMAN, MT 59718	83-3611480	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(5) GOOD BEGINNINGS PRESCHOOL PO BOX 709 PETERSBURG, AK 99833	92-0025759	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(6) GUSTAVUS COMMUNITY CENTER PO BOX 147 GUSTAVUS, AK 99826	27-1710606	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(7) GUSTAVUS PUBLIC LIBRARY PO BOX 279 GUSTAVUS, AK 99826	27-0085777	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(8) HUMANE SOCIETY OF SOUTHEAST TEXAS PO BOX 1629 BEAUMONT, TX 77704-1629	74-6060624	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(9) INLAND NORTHWEST PICKLEBALL CLUB PO BOX 1234 COEUR D' ALENE, ID 83816	82-3724119	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(10) INUIT CIRCUMPOLAR COUNCIL ALASKA 3900 ARCTIC BLVD, SUITE 203	92-0091959	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(11) ISLAND TRAILS NETWORK 326 CENTER AVENUE SUITE 206	20-8024635	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(12) JACKALOPE ACRES PO BOX 871842 NASSILLA, AK 99654	82-2838670	501(C)(3)	10,000.				OPERATIONAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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(1) JHV CORP 18730 THIRD STREET EAGLE RIVER, AK 99577	88-1408548	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(2) KASILOF REGIONAL HISTORICAL ASSOCIATION PO BOX 3 KASILOF, AK 99610-0003	92-0172991	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(3) KENAI SENIOR CONNECTION INC 361 SENIOR COURT KENAI, AK 99611	92-0131229	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(4) KODIAK BAPTIST MISSION 1944 E RELANOF DR KODIAK, AK 99615	92-0071967	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(5) LET'S BUILD THE FAMILY 13310 BRANT WAY ANCHORAGE, AK 99515	56-2615023	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(6) LEUKEMIA & LYMPHOMA SOCIETY ATTN: LLS FIREFIGHTER STAIR CLIMB	13-5644916	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(7) LITTLE CITY FOUNDATION 1610 COLONIAL PARKWAY INVERNESS, IL 60067	36-2434562	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(8) MI CASA ESPERANZA INC. PO BOX 423 LA VERNE, CA 91750	82-3690434	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(9) MISSION 22 694 N LARCH ST #910 SISTERS, OR 97759	46-2750726	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(10) MUNICIPALITY OF SKAGWAY RECREATION CENTER PO BOX 868 SKAGWAY, AK 99804	92-6000088	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(11) NATIVE VILLAGE OF SCAMMON BAY PO BOX 126 SCAMMON BAY, AK 99662	92-0066184	NATIVE VILL	10,000.				OPERATIONAL SUPPORT
(12) ONE4LOVE FITNESS AND MENTORING 110 E STREET, APT A BELLE CHASSE, LA 70037	47-3513878	501(C)(3)	10,000.				OPERATIONAL SUPPORT

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(1) ONE SCHOOL AT A TIME PO BOX 342 ELDERADO SPRINGS, CO 80025	30-0383381	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(2) OPT-IN KIANA PO BOX 136, CASANOFF KIANA, AK 99749	82-4711825	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(3) PIER ONE THEATRE 332 E. PIONEER AVE. SUITE #3	23-7448364	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(4) PLAQUEMINES PARISH SCHOOL BOARD 1484 WOODLAND HWY BELLE CHASSE, LA 70037	00-0000000	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(5) POP WARNER LITTLE SCHOLARS INC PO BOX 773625 EAGLE RIVER, AK 99577-3625	91-1791440	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(6) POTLATCH FUND 801 2ND AVE STE 304 SEATTLE, WA 98104-1512	73-1712905	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(7) SELDOVIA COMMUNITY PRESCHOOL PO BOX 133 SELDOVIA, AK 99663	82-3723184	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(8) SERRC - ALASKA'S EDUCATIONAL RESOURCE CENTE 210 FERRY WAY JUNEAU, AK 99801	92-0058572	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(9) SEWARD COMMUNITY LIBRARY ASSOCIATION, INC. PO BOX 2023 SEWARD, AK 99664	92-0018660	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(10) SOBERMIUT, REVIVING OUR SPIRIT INC 1420 CORDOVA ST. ANCHORAGE, AK 99501	20-2713587	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(11) SOLDOTNA CONGREGATION OF JEHOVAH'S WITNESSE PO BOX 2566 SOLDOTNA, AK 99669	00-0000000	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(12) SOLDOTNA PENTECOSTALS 1331 CHISNOOK DRIVE KENAI, AK 99611	46-3356726	501(C)(3)	10,000.				OPERATIONAL SUPPORT

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(1) SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM 3100 CHANNEL DRIVE, SUITE 300	92-0056274	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(2) STARTING POINT CHURCH PO BOX 11713 PRESCOTT, AZ 86301	81-2240872	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(3) STATE UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244 4550	42-0796760	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(4) ST. BENEDICT'S CATHOLIC CHURCH 8110 JEWELL LAKE RD. BLDG D	92-0122543	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(5) THE BAPTIST FOUNDATION OF ALABAMA PO BOX 241227 MONTGOMERY, AL 36124	63-0519158	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(6) TY FOUNDATION INC 21668 EVERGREEN LN PERDIDO, AL 36562-2957	85-3459498	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(7) UNIVERSITY OF ALASKA SOUTHEAST 11066 AIKE LAKE WAY JUNEAU, AK 99801	92-6000147	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(8) UT FOUNDATION 600 ANDY HOLT TOWER KNOXVILLE, TN 37996	62-1844686	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(9) VERMILION WOMEN'S RESOURCE CENTER, INC. 515 EDWARDS ST ABBEVILLE, LA 70510	00-0000000	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(10) VETERANS OF FOREIGN WARS - 10046 SOLDOTNA 134 NORTH BIRCH STREET SOLDOTNA, AK 99669	92-0089169	501(C)(3)	10,000.				OPERATIONAL SUPPORT
(11) YUKON RIVER INTER-TRIBAL WATERSHED COUNCIL 201 E 3RD AVENUE SUITE 100	92-0166976	GOVERNMENT	10,000.				OPERATIONAL SUPPORT
(12) MOOSE MUMS PO BOX 111471 ANCHORAGE, AK 99511	47-3167864	501(C)(3)	9,800.				OPERATIONAL SUPPORT

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF WISCONSIN GREEN BAY FOUNDATIO 2420 NICOLET DRIVE # CL805	45-1600858	501(C)(3)	9,761.				OPERATIONAL SUPPORT
(2) ALASKA FAMILY COUNCIL PO BOX 231425 ANCHORAGE, AK 99523	65-1263366	501(C)(3)	9,750.				OPERATIONAL SUPPORT
(3) BENEVOLENT & PROTECTIVE ORDER OF ELKS OF TH 1202 BECK AVE CODY, WY 82414	83-0104758	501(C)(3)	9,673.				OPERATIONAL SUPPORT
(4) ALASKA FISH AND WILDLIFE CONSERVATION FUND 310 K STREET SUITE 200 ANCHORAGE, AK 99501	92-0092951	501(C)(3)	9,660.				OPERATIONAL SUPPORT
(5) FAIRBANKS COMMUNITY FOOD BANK SERVICE INC 725 26TH AVENUE SUITE 1	92-0088266	501(C)(3)	9,653.				OPERATIONAL SUPPORT
(6) WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVE NW	27-3521132	501(C)(3)	9,650.				OPERATIONAL SUPPORT
(7) FAR EAST CHRISTIAN CENTER PO BOX 3000 GARDEN VALLEY, TX 75771	47-4648047	501(C)(3)	9,600.				OPERATIONAL SUPPORT
(8) GREAT ALASKA COONCIL BOY SCOUTS OF AMERICA 3117 PATTERSON STREET ANCHORAGE, AK 99504	92-0016314	501(C)(3)	9,600.				OPERATIONAL SUPPORT
(9) SHELDON MUSEUM & CULTURAL CENTER PO BOX 269 HAINES, AK 99827	92-0134317	501(C)(3)	9,539.				OPERATIONAL SUPPORT
(10) BROTHER FRANCIS SHELTER 3710 E 20TH AVE ANCHORAGE, AK 99508	92-0037322	501(C)(3)	9,535.				OPERATIONAL SUPPORT
(11) ALLIANCE FOR SUPPORT OF AMERICAN LEGION BAS 1120 E HUFFMAN RD, #571 ANCHORAGE, AK 99515	31-1583077	501(C)(3)	9,500.				OPERATIONAL SUPPORT
(12) WOMEN IN SAFE HOMES INC PO BOX 6552 KETCHIKAN, AK 99901	92-0069501	501(C)(3)	9,500.				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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(1) PGA REACH CAROLINAS FOUNDATION 6271 BRYAN PARK ROAD	20-3706530	501(C)(3)	9,400.				OPERATIONAL SUPPORT
(2) SEATTLE JUNIOR HOCKEY ASSOCIATION 7012 - 220TH STREET SW, STE A	23-7421219	501(C)(3)	9,370.				OPERATIONAL SUPPORT
(3) ANCHORAGE FIREFIGHTERS CHARITABLE FOUNDATIO 7911 KING STREET ANCHORAGE, AK 99518-3059	83-2917112	501(C)(3)	9,370.				OPERATIONAL SUPPORT
(4) AMERICAN RED CROSS SOUTH CENTRAL KENTUCKY C 958 COLLETT AVENUE, SUITE 800	53-0196605	501(C)(3)	9,370.				OPERATIONAL SUPPORT
(5) CONNECT VETS PO BOX 171 PALMER, AK 99645	82-4002340	501(C)(3)	9,350.				OPERATIONAL SUPPORT
(6) ZACHARY AND ELIZABETH N FISHER HOUSE OF ALA 200 W 34TH AVE FMS 29 ANCHORAGE, AK 99503	27-1353614	501(C)(3)	9,300.				OPERATIONAL SUPPORT
(7) CENTRAL ALASKA RETIRED TEACHERS' ASSOCIATIO PO BOX 93610 ANCHORAGE, AK 99508-3610	26-0650015	501(C)(3)	9,250.				OPERATIONAL SUPPORT
(8) NORTH SLOPE BOROUGH PO BOX 69 BARROW, AK 99723	92-0042378	GOVERNMENT	9,203.				OPERATIONAL SUPPORT
(9) AQUARIAN PARENT TEACHER ORGANIZATION 1705 W 32ND AVE ANCHORAGE, AK 99517	91-1755186	501(C)(3)	9,200.				OPERATIONAL SUPPORT
(10) CRAWFORD COUNTY SPECIAL SERVICE INC. 224 N BEAUMONT ROAD	00-0000000	501(C)(3)	9,200.				OPERATIONAL SUPPORT
(11) AK CHILD & FAMILY 4600 ABBOTT ROAD ANCHORAGE, AK 99507	92-0038588	501(C)(3)	9,150.				OPERATIONAL SUPPORT
(12) DELTA JUNCTION TRAILS ASSOCIATION PO BOX 710 DELTA JUNCTION, AK 99737	46-3209259	501(C)(3)	9,135.				OPERATIONAL SUPPORT

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(1) DOCTORS WITHOUT BORDERS USA PO BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	9,100.				OPERATIONAL SUPPORT
(2) SCENIC PARK ELEMENTARY SCHOOL 3933 PATTERSON STREET ANCHORAGE, AK 99504	92-6000078	501(C)(3)	9,100.				OPERATIONAL SUPPORT
(3) CHILD EVANGELISM FELLOWSHIP OF AK INC 43687 KALIFORNISKY BEACH RD SUITE D	92-0038207	501(C)(3)	9,072.				OPERATIONAL SUPPORT
(4) BIG SANDY COMMUNITY CHURCH 9573 COUNTY LINE ROAD LIVINGSTON, TX 77351	00-0000000	501(C)(3)	9,000.				OPERATIONAL SUPPORT
(5) BREAST CANCER DETECTION CENTER OF ALASKA 1905 COWLES STREET FAIRBANKS, AK 99701	92-0055382	501(C)(3)	9,000.				OPERATIONAL SUPPORT
(6) DALLAS SCHOOL DISTRICT #2 111 SW ASH ST DALLAS, OR 97338	55-0830950	501(C)(3)	9,000.				OPERATIONAL SUPPORT
(7) DOG PEOPLE OF LIVINGSTON 14830 CARROL DR WALKER, LA 70785	46-3229488	501(C)(3)	9,000.				OPERATIONAL SUPPORT
(8) EVANSTON VOLUNTEER FIRE FIGHTERS PO BOX 640 EVANSTON, WY 82931-0640	74-2452681	501(C)(3)	9,000.				OPERATIONAL SUPPORT
(9) FALLEN SAINTS RED DESERT 1215 SECRETARIAT DR. ROCK SPRINGS, WY 82901	86-1827994	501(C)(3)	9,000.				OPERATIONAL SUPPORT
(10) FIVE LOAVES PANTRY PO BOX 1758 DELTA JUNCTION, AK 99737	85-0857640	501(C)(3)	9,000.				OPERATIONAL SUPPORT
(11) FREEDOM MINISTRIES 9788 RIVER DR DESCANSO, CA 91916	81-0551565	501(C)(3)	9,000.				OPERATIONAL SUPPORT
(12) FRIENDS OF SITKA ANIMAL SHELTER PO BOX 972 SITKA, AK 99835	87-4094360	501(C)(3)	9,000.				OPERATIONAL SUPPORT

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(1) MAT SU SENIOR SERVICES INC 1132 S. CHUGACH STREET PALMER, AK 99645	92-0078503	501(C)(3)	9,000.				OPERATIONAL SUPPORT
(2) MERCY CORPS DEPARTMENT W PORTLAND, OR 97208	91-1148123	501(C)(3)	9,000.				OPERATIONAL SUPPORT
(3) NIKISKI MIDDLE/HIGH SCHOOL PO BOX 7112 NIKISKI, AK 99635	92-0030923	501(C)(3)	9,000.				OPERATIONAL SUPPORT
(4) REAL IMPRINTS INC 5487 N BACH AVE MERIDIAN, ID 83646	83-2354002	501(C)(3)	9,000.				OPERATIONAL SUPPORT
(5) SUSITNA VALLEY HIGH SCHOOL HC 89 BOX 8580 TALKEETNA, AK 99676	92-6000034	501(C)(3)	9,000.				OPERATIONAL SUPPORT
(6) WOMAN OF MC PO BOX 428 MOUNTAIN CITY, TN 37683	84-4875087	501(C)(3)	9,000.				OPERATIONAL SUPPORT
(7) DONORSCHOOSE 134 W. 37TH ST. NEW YORK, NY 10018	13-4129457	501(C)(3)	8,968.				OPERATIONAL SUPPORT
(8) CHANGEPOINT ALASKA 6689 CHANGEPOINT DRIVE ANCHORAGE, AK 99518	00-0000000	501(C)(3)	8,935.				OPERATIONAL SUPPORT
(9) BOOSTERS CLOB OF THE HINSDALE TOWNSHIP HIGH 55TH GRANT STREETS HINSDALE IL 60521	36-6087262	501(C)(3)	8,839.				OPERATIONAL SUPPORT
(10) RURAL CAP 731 EAST 8TH AVENUE ANCHORAGE, AK 99501	92-0033876	501(C)(3)	8,570.				OPERATIONAL SUPPORT
(11) ANCHORAGE HORSE COUNCIL INC PO BOX 112195 ANCHORAGE, AK 99511-2195	92-0099876	501(C)(3)	8,550.				OPERATIONAL SUPPORT
(12) HEARTREACH CENTER 865 S SENARD MERIDIAN HWY	92-0115423	501(C)(3)	8,550.				OPERATIONAL SUPPORT

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(1) ALASKA COMMUNITY ACTION ON TOXICS 1225 E. INTERNATIONAL AIRPORT RD. SUITE 220	92-0177082	501(C)(3)	8,500.				OPERATIONAL SUPPORT
(2) ARCADIA FIRST BAPTIST CHURCH PO BOX 128 SANTA FE, TX 77517	74-1541264	501(C)(3)	8,500.				OPERATIONAL SUPPORT
(3) BACKCOUNTRY HUNTERS AND ANGLERS 725 W ALDER SUITE 11 MISSOULA, MT 59802	20-1037177	501(C)(3)	8,500.				OPERATIONAL SUPPORT
(4) DEVIL'S THUMB SHOOTERS PO BOX 115 PETERSBURG, AK 99833	83-2504162	501(C)(3)	8,500.				OPERATIONAL SUPPORT
(5) GOLD STAR PEAK, INC. PO BOX 772413 EAGLE RIVER, AK 99577	82-5258523	501(C)(3)	8,450.				OPERATIONAL SUPPORT
(6) ALASKAN ANIMAL RESCUE FRIENDS 2440 E TUDOR ROAD, 105 ANCHORAGE, AK 99507	45-4185334	501(C)(3)	8,447.				OPERATIONAL SUPPORT
(7) TALKEETNA CHAMBER OF COMMERCE PO BOX 334 TALKEETNA, AK 99676	92-0071294	GOVERNMENT	8,400.				OPERATIONAL SUPPORT
(8) YOUTH WITH A MISSION PO BOX 3000 GARDEN VALLEY, TX 75771	23-7136015	501(C)(3)	8,400.				OPERATIONAL SUPPORT
(9) HUMBOLDT UNIFIED SCHOOL DISTRICT #22 6411 N. ROBERT ROAD	00-0000000	501(C)(3)	8,377.				OPERATIONAL SUPPORT
(10) ANCHORAGE YOUTH SOCCER CLUB 1225 E INTL AIRPORT RD STE 105	92-0132118	501(C)(3)	8,303.				OPERATIONAL SUPPORT
(11) TALKEETNA HISTORICAL SOCIETY PO BOX 76 TALKEETNA, AK 99676	92-0109160	501(C)(3)	8,300.				OPERATIONAL SUPPORT
(12) MAT-SU SEA HAWKERS, INC. PO BOX 1832 PALMER, AK 99645	20-5446248	501(C)(3)	8,280.				OPERATIONAL SUPPORT

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(1) NORTHERN LIGHTS SCTP INC. PO BOX 671226 CHUGIAK, AK 99567	64-4335157	501(C)(3)	8,262.				OPERATIONAL SUPPORT
(2) HEALTHY ALASKA NATIVES FOUNDATION 4500 DIPLOMACY DRIVE SUIT 563	82-1850261	501(C)(3)	8,250.				OPERATIONAL SUPPORT
(3) TRINITY EPISCOPAL CHURCH 469 NW WALL STREET BEND, OR 97703	00-0000000	501(C)(3)	8,150.				OPERATIONAL SUPPORT
(4) ALLIANCE CHRISTIAN FELLOWSHIP CHURCH 16610 BROOKS LOOP EAGLE RIVER, AK 99577	00-0000000	501(C)(3)	8,150.				OPERATIONAL SUPPORT
(5) SHIMAI TOSHI GARDEN TRAILS INC PO BOX 771 SOLDOTNA, AK 99669-0771	83-2378146	501(C)(3)	8,100.				OPERATIONAL SUPPORT
(6) CLEAR CREEK CAT RESCUE PO BOX 231208 ANCHORAGE, AK 99523	27-2265973	501(C)(3)	8,050.				OPERATIONAL SUPPORT
(7) GIRDWOOD NORDIC SKI CLUB PO BOX 337 GIRDWOOD, AK 99587	30-0516522	501(C)(3)	8,050.				OPERATIONAL SUPPORT
(8) ALASKA STATE HOCKEY ASSOCIATION C/O 237 E FIREWEED LANE STE 200	92-0129499	501(C)(3)	8,000.				OPERATIONAL SUPPORT
(9) ALYESKA SKI CLUB INC PO BOX 1070 GIRDWOOD, AK 99587	92-0065318	501(C)(3)	8,000.				OPERATIONAL SUPPORT
(10) BEACON OF HOPE 5090 DOUG TAYLOR CIRCLE	03-0551791	501(C)(3)	8,000.				OPERATIONAL SUPPORT
(11) COLLEGE HEIGHTS BAPTIST FELLOWSHIP 44440 KALIFORNISKY BEACH RD	92-0136468	501(C)(3)	8,000.				OPERATIONAL SUPPORT
(12) COUGAR GRIDIRON BOOSTER CLUB PO BOX 232435 ANCHORAGE, AK 99523	36-4490501	501(C)(3)	8,000.				OPERATIONAL SUPPORT

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(1) HOSPICE OF SPOKANE PO BOX 2215 SPOKANE, WA 99210-2215	91-0995069	501(C)(3)	8,000.				OPERATIONAL SUPPORT
(2) INTERMOUNTAIN VIPASSANA ASSOCIATION INC 8414 S BLASER HWY	81-4860109	501(C)(3)	8,000.				OPERATIONAL SUPPORT
(3) JUNIOR ACHIEVEMENT OF ALASKA, INC. 639 W. INTERNATIONAL AIRPORT ROAD SUITE 38	92-0045091	501(C)(3)	8,000.				OPERATIONAL SUPPORT
(4) MARATHON WRESTLING CLUB 12796 MADERA LANE SEWARD, AK 99664	46-1804803	501(C)(3)	8,000.				OPERATIONAL SUPPORT
(5) SALVATION ARMY - KENAI CORPS 201 W FOREST DR KENAI, AK 99611	94-1156347	501(C)(3)	8,000.				OPERATIONAL SUPPORT
(6) SYNGAP RESEARCH FUND 1270 LINCOLN AVENUE PALO ALTO, CA 94301	83-1200789	501(C)(3)	8,000.				OPERATIONAL SUPPORT
(7) TANAINA CHILD DEVELOPMENT CENTER 1200 AIRPORT HEIGHTS DRIVE SUITE 140	92-0069221	501(C)(3)	8,000.				OPERATIONAL SUPPORT
(8) THE REDISTRIBUTION CENTER, INC 12681 W 49TH AVE WHEAT RIDGE, CO 80033	84-1155394	501(C)(3)	8,000.				OPERATIONAL SUPPORT
(9) WEST VALLEY HIGH SCHOOL 3800 GEIST ROAD FAIRBANKS, AK 99709	92-6000096	501(C)(3)	8,000.				OPERATIONAL SUPPORT
(10) CASCADIANOW! PO BOX 30181 SEATTLE, WA 98113	47-1954164	501(C)(3)	7,950.				OPERATIONAL SUPPORT
(11) ST. MARY MAGDALEN CATHOLIC CHURCH 813 CENTER ST EVANSTON, WY 82930	00-0000000	501(C)(3)	7,875.				OPERATIONAL SUPPORT
(12) FIRST ALASKANS INSTITUTE 606 E STREET, SUITE 200 ANCHORAGE, AK 99501	92-0174854	501(C)(3)	7,750.				OPERATIONAL SUPPORT

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(1) SEWARD ARTS COUNCIL PO BOX 794 SEWARD, AK 99664	92-0076287	501(C)(3)	7,700.				OPERATIONAL SUPPORT
(2) YOUNG LIFE EAGLE RIVER 17506 BARANOFF AVE EAGLE RIVER, AK 99577	84-0385934	501(C)(3)	7,697.				OPERATIONAL SUPPORT
(3) STORYBOOK TREASURES 42437 HOLLY KNOLL CT ASHBURN, VA 20148	45-5015682	501(C)(3)	7,680.				OPERATIONAL SUPPORT
(4) KRBA FM AND KOANIC BROADCAST CORPORATION 3600 SAN JERONIMO DRIVE SUITE 480	92-0139738	501(C)(3)	7,650.				OPERATIONAL SUPPORT
(5) KALEIDOSCOPE SCHOOL OF ARTS & SCIENCE 549 N FOREST DRIVE KENAI, AK 99611	92-0030923	501(C)(3)	7,615.				OPERATIONAL SUPPORT
(6) NEW CANEY HIGH SCHOOL CHEER BOOSTER CLUB, I PO BOX 1946 NEW CANEY, TX 77357	46-3487440	501(C)(3)	7,517.				OPERATIONAL SUPPORT
(7) ALASKA PTA PO BOX 201496 ANCHORAGE, AK 99520	23-7302803	501(C)(3)	7,500.				OPERATIONAL SUPPORT
(8) CENTER FOR SAFE ALASKANS 4241 B STREET #100 ANCHORAGE, AK 99503	92-0169574	501(C)(3)	7,500.				OPERATIONAL SUPPORT
(9) CHUGACH EDUCATIONAL CORPORATION 1205 E STREET ANCHORAGE, AK 99501	92-0156985	501(C)(3)	7,500.				OPERATIONAL SUPPORT
(10) EAGLE RIVER ELKS AK NO. 2482 17111 N. EAGLE RIVER LOOP RD	36-0793011	501(C)(3)	7,500.				OPERATIONAL SUPPORT
(11) FORGET ME NOT FARM SANCTUARY INC 9601 ALBATROSS DRIVE ANCHORAGE, AK 99502	83-0691607	501(C)(3)	7,500.				OPERATIONAL SUPPORT
(12) JUBILEE BAPTIST CHURCH 37495 SCOUT LAKE LOOP RD STERLING, AK 99672	00-0000000	501(C)(3)	7,500.				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) KENAI COMMUNITY FOUNDATION 125 NORTH WILLOW STREET KENAI, AK 99611	26-1928762	501(C)(3)	7,500.				OPERATIONAL SUPPORT
(2) SOUTH FOOTBALL BOOSTER FOUNDATION PO BOX 111501 ANCHORAGE, AK 99511-1501	16-1725313	501(C)(3)	7,500.				OPERATIONAL SUPPORT
(3) SOUTH HIGH FASTPITCH BOOSTER CLUB 5415 DE ARMOUN ROAD ANCHORAGE, AK 99516	36-4773401	501(C)(3)	7,500.				OPERATIONAL SUPPORT
(4) SUNSHINE COMMUNITY HEALTH CENTER BC 89 BOX 8190 TALKEETNA, AK 99676	92-0117838	501(C)(3)	7,500.				OPERATIONAL SUPPORT
(5) THE CHURCH OF THE NATIONS 810 E 9TH AVE ANCHORAGE, AK 99501	26-1753174	501(C)(3)	7,500.				OPERATIONAL SUPPORT
(6) UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	7,500.				OPERATIONAL SUPPORT
(7) USTA-PACIFIC NORTHWEST SECTION 29030 SW TOWN CENTER LOOP SUITE 202-#507	93-0853818	501(C)(3)	7,500.				OPERATIONAL SUPPORT
(8) WASILLA WAVES SWIM CLUB PO BOX 872387 WASILLA, AK 99687	92-0111183	501(C)(3)	7,500.				OPERATIONAL SUPPORT
(9) COMMUNITY COVENANT CHURCH 16123 ARTILLERY ROAD EAGLE RIVER, AK 99577	92-0147842	501(C)(3)	7,496.				OPERATIONAL SUPPORT
(10) ALASKA HUTS ASSOCIATION PO BOX 241754 ANCHORAGE, AK 99524	92-0165283	501(C)(3)	7,400.				OPERATIONAL SUPPORT
(11) RIVERSIDE COMMUNITY CHURCH 10301 E EAGLE RIVER LOOP RD	00-0000000	501(C)(3)	7,398.				OPERATIONAL SUPPORT
(12) ALASKA POTBELLY PIG RESCUE INC 2521 E MOUNTAIN VILLAGE DRIVE	83-4118551	501(C)(3)	7,350.				OPERATIONAL SUPPORT

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OMB No. 1545-0047

2022

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Department of the Treasury
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(1) ST JOHN BOSCO CATHOLIC SCHOOL 5630 W COMMERCE ST SAN ANTONIO, TX 78237	00-0000000	501(C)(3)	7,275.				OPERATIONAL SUPPORT
(2) FRIENDS OF ALASKAN NATIONAL WILDLIFE REFUGE PO BOX 2617 HOMER, AK 99603-2617	20-3839754	501(C)(3)	7,250.				OPERATIONAL SUPPORT
(3) SKEETANK PO BOX 924 PALMER, AK 99645	81-1056780	501(C)(3)	7,250.				OPERATIONAL SUPPORT
(4) WILLOW COMMUNITY FOOD PANTRY PO BOX 182 WILLOW, AK 99688	90-1158030	501(C)(3)	7,250.				OPERATIONAL SUPPORT
(5) NUKITUN PO BOX 143 KENAI, AK 99611-0143	85-2535979	501(C)(3)	7,238.				OPERATIONAL SUPPORT
(6) INDEPENDENT LIVING CENTER OR ILC PO BOX 2474 HOMER, AK 99603	92-0137389	501(C)(3)	7,225.				OPERATIONAL SUPPORT
(7) SOUTH ANCHORAGE HIGH SCHOOL 13400 ELMORE ROAD ANCHORAGE, AK 99516	92-6000078	501(C)(3)	7,200.				OPERATIONAL SUPPORT
(8) HEALTHY FUTURES 11901 INDUSTRY WAY STE A9	81-0649085	501(C)(3)	7,100.				OPERATIONAL SUPPORT
(9) SEWARD LITTLE LEAGUE PO BOX 2075 SEWARD, AK 99664	52-1288046	501(C)(3)	7,100.				OPERATIONAL SUPPORT
(10) ALASKA BEHAVIORAL HEALTH 4045 LAKE OTIS PARKWAY ANCHORAGE, AK 99508	51-0152394	501(C)(3)	7,000.				OPERATIONAL SUPPORT
(11) ANCHORAGE BAPTIST TEMPLE 6401 EAST NORTHERN LIGHTS	92-0036966	501(C)(3)	7,000.				OPERATIONAL SUPPORT
(12) ANCHOR POINT PUBLIC LIBRARY INC PO BOX 129 ANCHOR POINT, AK 99556-0129	92-0105087	501(C)(3)	7,000.				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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Department of the Treasury
Internal Revenue Service

Name of the organization

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Employer identification number

92-0155067

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHUGIAK FOOTBALL BOOSTER CLUB PO BOX 771061 EAGLE RIVER, AK 99577	92-0130490	501(C)(3)	7,000.				OPERATIONAL SUPPORT
(2) CHURCH ON THE ROCK PO BOX 874693 WASILLA, AK 99687-4693	92-0170754	501(C)(3)	7,000.				OPERATIONAL SUPPORT
(3) CITY CHURCH OF HONOLULU 810 N VINEYARD BLVD SUITE 211	99-0332267	GOVERNMENT	7,000.				OPERATIONAL SUPPORT
(4) FAITH LUTHERAN CHURCH 5200 LAKE OTIS PARKWAY ANCHORAGE, AK 99507	92-6010511	501(C)(3)	7,000.				OPERATIONAL SUPPORT
(5) FORTRESS ANCHORAGE PO BOX 110666 ANCHORAGE, AK 99511-0666	87-1284647	501(C)(3)	7,000.				OPERATIONAL SUPPORT
(6) HEROES MOVEMENT 11766 WILSHIRE BLVD. SUITE 500	47-4044698	501(C)(3)	7,000.				OPERATIONAL SUPPORT
(7) KENAI WILDWOOD PARK CHURCH OF GOD PO BOX 3356 KENAI, AK 99611	54-2182124	501(C)(3)	7,000.				OPERATIONAL SUPPORT
(8) LOVE ALASKA PRICELESS CHOSEN PO BOX 220114 ANCHORAGE, AK 99522	72-1525990	501(C)(3)	7,000.				OPERATIONAL SUPPORT
(9) MULDOON COMMUNITY ASSEMBLY OF GOD 7041 DEBARR ROAD ANCHORAGE, AK 99504	92-0089371	501(C)(3)	7,000.				OPERATIONAL SUPPORT
(10) NAMI JUNEAU 8711 TEAL STREET CENTER SUITE 200	31-1765419	501(C)(3)	7,000.				OPERATIONAL SUPPORT
(11) PARTNERS FOR PROGRESS 417 BARROW STREET ANCHORAGE, AK 99501-2515	92-0162532	501(C)(3)	7,000.				OPERATIONAL SUPPORT
(12) SITKA FINE ARTS CAMP 110 COLLEGE DRIVE SUITE 111	23-7240278	501(C)(3)	7,000.				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) 2022

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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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(1) SOLDOTNA BROTHERS, INC. PO BOX 482 SOLDOTNA, AK 99669	46-3152670	501(C)(3)	7,000.				OPERATIONAL SUPPORT
(2) ST HERMANS THEOLOGICAL SEMINARY 414 MISSION RD KODIAK, AK 99615-6329	92-0045228	501(C)(3)	7,000.				OPERATIONAL SUPPORT
(3) THE WISCONSIN AMERICAN LEGION FOUNDATION PO BOX 388 PORTAGE, WI 53901	26-1582528	501(C)(3)	7,000.				OPERATIONAL SUPPORT
(4) UNITED SERVICE ORGANIZATIONS, INC. (USO ALA) 8001 CHEMNAULT AVENUE JBER, AK 99506	13-1610451	501(C)(3)	7,000.				OPERATIONAL SUPPORT
(5) WINTERBERRY PARENT GUILD INC 4802 BRYN MAWR COURT ANCHORAGE, AK 99508	20-3900032	501(C)(3)	7,000.				OPERATIONAL SUPPORT
(6) CLOVER TRINITY LUTHERAN CHURCH 3552 NORTH 1825 EAST BOWL, ID 83316	82-0227743	501(C)(3)	6,939.				OPERATIONAL SUPPORT
(7) NOTRE DAME FOUNDATION INC 910 N EASTERU AVE CROWLEY, LA 70526	26-1169259	501(C)(3)	6,910.				OPERATIONAL SUPPORT
(8) LYNN CANAL ADVENTURES 227 HARRIS ST JUNEAU, AK 99801	84-4443994	501(C)(3)	6,900.				OPERATIONAL SUPPORT
(9) AMERICAN FOUNDATION FOR SUICIDE PREVENTION 2240 E TUDOR RD #191 ANCHORAGE, AK 99507	13-3393329	501(C)(3)	6,800.				OPERATIONAL SUPPORT
(10) F.I.S.H. 2220 EAST TUDOR ROAD ANCHORAGE, AK 99507	92-0090470	501(C)(3)	6,800.				OPERATIONAL SUPPORT
(11) FRIENDS OF HOCKEY CLUB FAIRBANKS PO BOX 73630 FAIRBANKS, AK 99707	92-0090471	501(C)(3)	6,800.				OPERATIONAL SUPPORT
(12) JUDICIAL WATCH, INC. 425 THIRD STREET SW SUITE 800	52-1885088	501(C)(3)	6,800.				OPERATIONAL SUPPORT

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(1) ST MICHAEL PARISH 432 E FIREWEED AVE PALMER, AK 99645	92-0122486	501(C)(3)	6,750.				OPERATIONAL SUPPORT
(2) WILDWOOD BIBLE CHURCH 16832 HANSON DRIVE ANCHORAGE, AK 99577	00-0000000	501(C)(3)	6,750.				OPERATIONAL SUPPORT
(3) UNALAKLEET COVENANT CHURCH PO BOX 209 UNALAKLEET, AK 99684	00-0000000	501(C)(3)	6,731.				OPERATIONAL SUPPORT
(4) CAMP RAINBOW GOLD 1120 S FIVE MILE ROAD BOISE, ID 83709	90-0961926	501(C)(3)	6,700.				OPERATIONAL SUPPORT
(5) CAROLYN JANE FOUNDATION 935 KEYSTONE DR SOLDOTNA, AK 99669-8064	82-2606529	501(C)(3)	6,700.				OPERATIONAL SUPPORT
(6) BIG ISLAND CHURCH OF CHRIST PO BOX 10845 HILO, HI 96721	56-2616391	501(C)(3)	6,690.				OPERATIONAL SUPPORT
(7) ST JUVENALY ORTHODOX CHURCH WASILLA PO BOX 876194 WASILLA, AK 99687	87-1473723	501(C)(3)	6,681.				OPERATIONAL SUPPORT
(8) WASILLA AREA SENIORS INC 1301 SOUTH CENTURY CIRCLE WASILLA, AK 99654	92-0082770	501(C)(3)	6,658.				OPERATIONAL SUPPORT
(9) NORTH OLYMPIC LIBRARY FOUNDATION 2210 S PEABODY ST PORT ANGELES, WA 98362	45-3729130	501(C)(3)	6,634.				OPERATIONAL SUPPORT
(10) KPBSD - SEWARD ELEMENTARY SCHOOL PO BOX 247 SEWARD, AK 99664	92-0030923	501(C)(3)	6,614.				OPERATIONAL SUPPORT
(11) SUMMIT WORSHIP CENTER 125 WEST RILEY AVE WASILLA, AK 99654	92-0074327	501(C)(3)	6,605.				OPERATIONAL SUPPORT
(12) PETERSBURG CHILDREN'S CENTER PO BOX 138 PETERSBURG, AK 99833	92-0047233	501(C)(3)	6,600.				OPERATIONAL SUPPORT

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(1) FRIENDS OF PETS PO BOX 240981 ANCHORAGE, AK 99524	94-3095459	501(C)(3)	6,570.				OPERATIONAL SUPPORT
(2) AMUNDSEN EDUCATIONAL CENTER 995 E ROALD AVE SOLDOTNA, AK 99669	92-0158003	501(C)(3)	6,500.				OPERATIONAL SUPPORT
(3) BETHANY LUTHERAN CHURCH 2515 MADISON AVENUE BURLINGTON, IA 52601	00-0000000	501(C)(3)	6,500.				OPERATIONAL SUPPORT
(4) CAMBODIA 316 PO BOX 230465 ANCHORAGE, AK 99523	81-5252378	501(C)(3)	6,500.				OPERATIONAL SUPPORT
(5) CELISSE'S SCHOOL OF THE EQUESTRIAN ARTS 2568 SOLLIARD MOBILE, AL 36695	81-4516345	501(C)(3)	6,500.				OPERATIONAL SUPPORT
(6) EVANSTON HC PO BOX 582 EVANSTON, WI 82930	88-1859362	501(C)(3)	6,500.				OPERATIONAL SUPPORT
(7) GENESIS COMMUNITY HEALTH, INC 215 W 35TH STREET GARDEN CITY, ID 83714	82-0505073	501(C)(3)	6,500.				OPERATIONAL SUPPORT
(8) IDAHO COMMUNITY FOUNDATION, INC. 210 WEST STATE STREET BOISE, ID 83702	82-0425063	501(C)(3)	6,500.				OPERATIONAL SUPPORT
(9) JOSHUAS CAMP CORPORATION 2106 DECLARATION DR EAU CLAIRE, WI 54703	45-3416856	501(C)(3)	6,500.				OPERATIONAL SUPPORT
(10) KENAI ART CENTER PO BOX 703 KENAI, AK 99611	91-1841201	501(C)(3)	6,500.				OPERATIONAL SUPPORT
(11) QUILTS OF VALOR FOUNDATION PO BOX 191 WINTERSET, IA 50273	20-2474691	501(C)(3)	6,500.				OPERATIONAL SUPPORT
(12) STEVENSVILLE BOOSTER CLUB INC PO BOX 626 STEVENSVILLE, MT 59870-0626	61-1874231	501(C)(3)	6,500.				OPERATIONAL SUPPORT

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(1) YAKUTAT TLINGIT TRIBE PO BOX 418 YAKUTAT, AK 99689	92-0092594	NATIVE VILL	6,500.				OPERATIONAL SUPPORT
(2) GRACE COMMUNITY CHURCH, INC 6689 CHANGEPOINT DR ANCHORAGE, AK 99518	92-0130090	501(C)(3)	6,475.				OPERATIONAL SUPPORT
(3) ALASKA WILDLIFE ALLIANCE PO BOX 202022 ANCHORAGE, AK 99520	92-0073877	501(C)(3)	6,350.				OPERATIONAL SUPPORT
(4) FLORIDA MUSEUM OF PHOTOGRAPHIC ARTS 400 N ASHLEY DR STE 200 TAMPA, FL 33602	59-3737687	501(C)(3)	6,313.				OPERATIONAL SUPPORT
(5) SMOKY MOUNTAIN PRESBYTERIAN CHURCH PO BOX 6336 MARYVILLE, TN 37802-6336	58-1712922	501(C)(3)	6,313.				OPERATIONAL SUPPORT
(6) KUNA EDUCATION FOUNDATION INC 1577 N LINDER RD #154 KUNA, ID 83634-1217	27-3567359	501(C)(3)	6,300.				OPERATIONAL SUPPORT
(7) REVIVE ALASKA COMMUNITY SERVICES PO BOX 231568 ANCHORAGE, AK 99523	85-1354717	501(C)(3)	6,300.				OPERATIONAL SUPPORT
(8) ROCK SPRINGS AMATEUR HOCKEY ASSOCIATION, IN PO BOX 912 ROCK SPRINGS, WY 82902	00-0000000	501(C)(3)	6,265.				OPERATIONAL SUPPORT
(9) RABBIT CREEK PTA 13650 LAKE OTIS PKWY ANCHORAGE, AK 99516	92-0113328	501(C)(3)	6,250.				OPERATIONAL SUPPORT
(10) REDOUBT ELEMENTARY 486 W REDOUBT AVE SOLDOTNA, AK 99669	92-0030923	501(C)(3)	6,250.				OPERATIONAL SUPPORT
(11) LUTHERAN SOCIAL SERVICES OF ALASKA 1313 WEST 33RD STREET ANCHORAGE, AK 99503	94-3055592	501(C)(3)	6,200.				OPERATIONAL SUPPORT
(12) RED HILL LUTHERAN CHURCH 13200 RED HILL AVE TUSTIN, CA 92780	95-2158367	501(C)(3)	6,200.				OPERATIONAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALASKA PRESS CLUB PO BOX 143426 ANCHORAGE, AK 99514	92-0098754	501(C)(3)	6,087.				OPERATIONAL SUPPORT
(2) BIG BROTHERS BIG SISTERS OF ALASKA 1057 WEST FIREWEED LAKE SUITE 202	80-0064172	501(C)(3)	6,050.				OPERATIONAL SUPPORT
(3) ARIZONA LUTHERAN ACADEMY FEDERATION 6036 S 27TH AVE PHOENIX, AZ 85041	86-0340614	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(4) ANAKEN CHURCH PO BOX 241241 ANCHORAGE, AK 99524	92-0172589	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(5) B.A.S.E. CAMP CHILDREN'S CANCER FOUNDATION 650 N WYMORE ROAD, SUITE 103	59-3152723	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(6) BOISE RESCUE MISSION 308 S 24TH ST BOISE, ID 83702	82-0259387	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(7) CONVOY OF HOPE PO BOX 1125 SPRINGFIELD, MO 65801	68-0051386	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(8) DIMOND ALUMNI HIGH SCHOOL FOUNDATION - TACK 205 E DIMOND BLVD. #593 ANCHORAGE, AK 99515	94-3096950	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(9) GOOD SHEPARD LUTHERAN CHURCH 501 E BOGARD RD WASILLA, AK 99654	26-1488440	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(10) GUIDING INFLUENCE PO BOX 220563 ANCHORAGE, AK 99522	46-1375607	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(11) HARBIN VOLUNTEER FIRE DEPARTMENT 8135 FM 847 DUBLIN, TX 76446	00-0000000	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(12) HEMPHILL ISD EDUCATION FOUNDATION INC PO BOX 1950 HEMPHILL, TX 75948-1950	61-1680714	501(C)(3)	6,000.				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JUNEAU SCHOOL DISTRICT RALLY 10014 CRAZY HORSE DRIVE JUNEAU, AK 99801	92-6000101	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(2) JUNEAU SYMPHONY 522 W. 10TH ST. JUNEAU, AK 99801	92-0080948	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(3) KUNA SENIOR CITIZENS ASSOCIATION INC. PO BOX 39 KUNA, ID 83634-0039	82-0337587	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(4) LITTLE BLUE BARN FARM 24403 SE TIGER MOUNTAIN RD	84-4222561	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(5) LOST LAMB ASSOCIATION PO BOX 2007 BANGOR, ME 04402	04-3374189	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(6) MISS RODEO ALASKA INC 1802 N WATER ST ELLensburg, WA 98926-2045	82-1004441	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(7) MONTANA A CAPPELLA SOCIETY PO BOX 2122 HAMILTON, MT 59840-4122	20-4716714	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(8) NORTH DAKOTA GAME AND FISH FOUNDATION INC 1605 E CAPITOL AVE BISMARCK, ND 58501-2102	36-3367649	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(9) OPEN ARMS CHILD DEVELOPMENT CENTER 2980 DAVIS ROAD FAIRBANKS, AK 99709	92-0169557	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(10) RIPE FOR HARVEST WORLD OUTREACH PO BOX 487 MONUMENT, CO 80132	20-2322235	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(11) VOA ALASKA 2600 CORDOVA STREET SUITE 110	74-2240098	501(C)(3)	6,000.				OPERATIONAL SUPPORT
(12) WYCLIFFE BIBLE TRANSLATORS PO BOX 628200 ORLANDO, FL 32862	95-1831097	501(C)(3)	6,000.				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UA FOUNDATION - FAIRBANKS PO BOX 755080 FAIRBANKS, AK 99775	23-7394620	501(C)(3)	5,975.				OPERATIONAL SUPPORT
(2) THE HERITAGE FOUNDATION 214 MASSACHUSETTS AVE NE	23-7327730	501(C)(3)	5,963.				OPERATIONAL SUPPORT
(3) LIGONIER MINISTRIES 421 LIGONIER CT SANFORD, FL 32771	25-1298611	501(C)(3)	5,900.				OPERATIONAL SUPPORT
(4) PROCLAIM AVIATION MINISTRIES INC PO BOX 356 WORTHINGTON, MI 56187	20-0764068	501(C)(3)	5,900.				OPERATIONAL SUPPORT
(5) COMPASSION INTERNATIONAL 12290 VOYAGER PARKWAY	36-2423707	501(C)(3)	5,848.				OPERATIONAL SUPPORT
(6) ALASKA AVIATION MUSEUM 4721 AIRCRAFT DRIVE ANCHORAGE, AK 99502	92-0071852	501(C)(3)	5,750.				OPERATIONAL SUPPORT
(7) ALASKA DREAM CENTER PO BOX 871289 WASILLA, AK 99687	26-4424671	501(C)(3)	5,750.				OPERATIONAL SUPPORT
(8) FIRST BAPTIST CHURCH OF LOEB PO BOX 8124 LUMBERTON, TX 77657	71-0147997	501(C)(3)	5,750.				OPERATIONAL SUPPORT
(9) GIRDWOOD FINE ARTS CAMP PO BOX 1034 GIRDWOOD, AK 99587	42-1614179	501(C)(3)	5,750.				OPERATIONAL SUPPORT
(10) HOLY FAMILY OLD CATHEDRAL 811 W 6TH AVE ANCHORAGE, AK 99501	85-3549854	501(C)(3)	5,750.				OPERATIONAL SUPPORT
(11) KETCHIKAN AREA ARTS AND HUMANITIES COUNCIL 330 MAIN STREET KETCHIKAN, AK 99901	23-7058116	501(C)(3)	5,740.				OPERATIONAL SUPPORT
(12) GREAT LAND TRUST PO BOX 101272 ANCHORAGE, AK 99510	92-0155014	501(C)(3)	5,730.				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PERSEVERANCE THEATRE 914 3RD STREET DOUGLAS, AK 99824	92-0071124	501(C)(3)	5,650.				OPERATIONAL SUPPORT
(2) HINGELWRIGHT MEMORIAL WESLEYAN CHURCH 100 EIM ST CLARKSTON, WA 99403	00-0000000	501(C)(3)	5,635.				OPERATIONAL SUPPORT
(3) SALVATION ARMY - IDAHO 1220 21ST STREET LEWISTON, ID 83501	94-1156347	501(C)(3)	5,635.				OPERATIONAL SUPPORT
(4) SECOND AMENDMENT FOUNDATION 12500 N.E 10TH PLACE BELLEVUE, WA 98005	91-6184167	501(C)(3)	5,620.				OPERATIONAL SUPPORT
(5) ANCHORAGE FOLK FESTIVAL INC PO BOX 243034 ANCHORAGE, AK 99524	92-0142926	501(C)(3)	5,600.				OPERATIONAL SUPPORT
(6) CROHN'S AND COLITIS FOUNDATION 733 THIRD AVENUE, STE. 510	13-6193105	501(C)(3)	5,600.				OPERATIONAL SUPPORT
(7) KAIROS PRISON MINISTRY INTERNATIONAL, INC. 100 DEBARY PLANTATION BLVD.	59-1970458	501(C)(3)	5,600.				OPERATIONAL SUPPORT
(8) ALASKA VILLAGE MISSIONS 1295 MISSION RD HOMER, AK 99603	92-6004559	501(C)(3)	5,550.				OPERATIONAL SUPPORT
(9) ANVETS 4310 S HIGHWAY 95 STE A	46-3960349	501(C)(3)	5,517.				OPERATIONAL SUPPORT
(10) FRIENDS OF THE CAMPBELL CREEK SCIENCE CENTE 5600 SCIENCE CENTER DRIVE	20-3140552	501(C)(3)	5,500.				OPERATIONAL SUPPORT
(11) KASILOF COMMUNITY CHURCH PO BOX 57 KASILOF, AK 99610	92-0121057	501(C)(3)	5,500.				OPERATIONAL SUPPORT
(12) SCOTTY GOMEZ FOUNDATION PO BOX 111294 ANCHORAGE, AK 99511	20-8027404	501(C)(3)	5,500.				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE UNITED FRIENDSHIP 2961 MT KENNEDY DRIVE MARRERO, LA 70072	83-2593393	501(C)(3)	5,500.				OPERATIONAL SUPPORT
(2) PETERSBURG MEDICAL CENTER PO BOX 589 PETERSBURG, AK 99833	92-6001607	501(C)(3)	5,450.				OPERATIONAL SUPPORT
(3) FAMILY PROMISE MAT-SU 2700 E BROADVIEW AVE SUITE 102	68-0510566	501(C)(3)	5,340.				OPERATIONAL SUPPORT
(4) CENTRAL PENINSULA HEALTH FOUNDATION 250 HOSPITAL PLACE SOLDOTNA, AK 99669	20-2778670	501(C)(3)	5,303.				OPERATIONAL SUPPORT
(5) ANCHORAGE SPORTS ASSOCIATION 2464 E TUDOR ROAD ANCHORAGE, AK 99507	92-0069328	501(C)(3)	5,300.				OPERATIONAL SUPPORT
(6) AK CAT AND DOG RESCUE PO BOX 874462 WASILLA, AK 99687	27-3280829	501(C)(3)	5,266.				OPERATIONAL SUPPORT
(7) BETHEL LUTHERAN CHURCH 644 N 1000 E SHELLEY, ID 83274-5314	82-0384767	501(C)(3)	5,250.				OPERATIONAL SUPPORT
(8) HOMER FOOD PANTRY 770 EAST END ROAD HOMER, AK 99603	92-0153030	501(C)(3)	5,250.				OPERATIONAL SUPPORT
(9) LIVE ACTION 2200 WILSON BLVD SUITE 102	42-1764425	501(C)(3)	5,250.				OPERATIONAL SUPPORT
(10) NEW YORK ROAD RUNNERS, INC - TEAM FOR KIDS 320 WEST 57TH STREET NEW YORK, NY 10019	13-2949483	501(C)(3)	5,240.				OPERATIONAL SUPPORT
(11) TANANA VALLEY STATE FAIR ASSOCIATION 1800 COLLEGE ROAD FAIRBANKS, AK 99709	92-0029566	501(C)(3)	5,240.				OPERATIONAL SUPPORT
(12) THE LITERACY COUNCIL OF ALASKA 517 GAFFNEY ROAD FAIRBANKS, AK 99701	92-6010100	501(C)(3)	5,195.				OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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Department of the Treasury
Internal Revenue Service

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PENINSULA GRACE BROTHERS CHURCH 44175 KALIFORNIA BEACH RD	92-0098019	501(C)(3)	5,150.				OPERATIONAL SUPPORT
(2) PALMER LITTLE LEAGUE 501 NORTH GULKANA STREET PALMER, AK 99645	92-0121417	501(C)(3)	5,100.				OPERATIONAL SUPPORT
(3) RIDER'S RANCH 4814 W SUNRISE DR LAVEN, AZ 85339	46-1454131	501(C)(3)	5,017.				OPERATIONAL SUPPORT
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2:

ACF PROGRAM STAFF PERFORM DUE DILIGENCE BEFORE AWARDING ANY GRANT, INCLUDING VERIFICATION THAT THE GRANTEE ORGANIZATION IS LISTED IN 170(B) (1) (A) OF THE INTERNAL REVENUE CODE (501(C) (3), 509(A) (1), 509(A) (2), OR 509(A) (3) (THAT DOES NOT REQUIRE EXPENDITURE RESPONSIBILITY) IN GOOD STANDING THROUGH GUIDESTAR, IRS CHARITY SEARCH FUNCTION, OR THE IRS BUSINESS MASTER FILE (BMF)); OR IS AN EQUIVALENT ORGANIZATION (SCHOOLS, CHURCHES, GOVERNMENT AGENCIES AND PROGRAMS, OR A FEDERALLY RECOGNIZED TRIBAL ORGANIZATION). ADDITIONALLY, PROGRAM STAFF CONFIRM THAT

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

THE AWARD DOES NOT BENEFIT THE FUND ADVISORS, DOES NOT FULFILL A PLEDGE,
AND THAT THE RECOMMENDATION IS IN LINE WITH THE CHARITABLE PURPOSE OF THE
FUND FROM WHICH IT WILL BE AWARDED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

THE ALASKA COMMUNITY FOUNDATION

Employer identification number
92-0155067

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
NINA KEMPEL 1 PRESIDENT & CEO	(i)	225,000.	1,000.	NONE	7,309.	4,889.	238,198.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KEVIN GRAY 2 CFO	(i)	175,000.	1,000.	NONE	7,040.	14,087.	197,127.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ELIZABETH MILLER 3 VP DEVELOPMENT & COMMUNICATION	(i)	129,038.	4,000.	NONE	3,946.	20,169.	157,153.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2022

Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Correct?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2022

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JONATHAN RUBINI	BOARD MEMBER	158,464.	SEE PART V		X
(2) RASMUSON FOUNDATION	LARGE FUNDER	158,464.	SEE PART V		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV, COLUMN D:

ON OCTOBER 1, 2012, THE FOUNDATION ENTERED INTO AN OFFICE LEASE AGREEMENT WITH SJ/JL CALAIS OFFICE I, LLC. A BOARD MEMBER OF THE FOUNDATION IS A 28.5% DIRECT BENEFICIAL OWNER AND 15.7% INDIRECT BENEFICIAL OWNER THROUGH AN ALASKA TRUST. IN ADDITION, THE FOUNDATION'S LARGEST GRANTOR IS AN 11.6% BENEFICIAL OWNER IN THE SJ/JL CALAIS OFFICE I, LLC. A PORTION OF THE GRANTOR'S SHARE OF INCOME FROM THIS PARTNERSHIP IS USED TO OFFSET AND REDUCE THE OFFICE SPACE LEASE PAYMENTS FOR THE FOUNDATION. THE LEASE PAYMENTS FOR 2022 WERE \$158,464.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	11	410,422.	FMV
10 Securities - Closely held stock	X	1	18,429.	FMV
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (IN-KIND)	X	6	16,658.	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

	29
--	----

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, LINE 32B:

THE FOUNDATION HIRES APPRAISERS FOR STOCK VALUATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

FORM 990, PART III, LINE 1:

TOGETHER WITH OUR ELEVEN LOCAL COMMUNITY FOUNDATIONS, WE CONNECT PEOPLE WHO CARE WITH CAUSES THAT MATTER, BY ENCOURAGING AND NURTURING PHILANTHROPY, AND PROVIDING DONORS WITH GRANT OPTIONS THAT ARE STRATEGIC TO THEIR PHILANTHROPIC OBJECTIVES. ALASKA COMMUNITY FOUNDATION (ACF) IS COMPRISED OF MORE THAN 2100 FUNDS AND MANAGES APPROXIMATELY \$200 MILLION IN PHILANTHROPIC ASSETS. IN THE PAST TWO DECADES, ACF HAS AWARDED MORE THAN \$165 MILLION IN GRANTS TO IMPROVE THE LIVES OF ALASKANS.

FORM 990, PART VI, SECTION A, LINE 2:

- BOARD MEMBER JOHNATHON RUBINI HAS BUSINESS INTERESTS IN THE DOME, A 501(C) (3) ENTITY THAT RECEIVED A GRANT FROM ACF, AND A LOAN WITH PERSEVERANCE THEATRE, WHICH HAS ALSO RECEIVED SUPPORT THROUGH ACF.
- BOARD MEMBER JOHNATHON RUBINI IS THE MANAGING MEMBER OF THE ENTITY THAT OWNS THE BUILDING THAT LEASES OFFICE SPACE TO ACF.
- BOARD MEMBER DAVE SHAFTEL HAS SEVERAL CLIENTS OF THE SHAFTEL DELMAN LAW FIRM THAT ARE ACF BOARD MEMBERS.
- BOARD MEMBER JIM PALMER CURRENTLY HOLD FUNDS AT ACF, THE ANCHORAGE FUND AND THE PALMER FAMILY FUND, RESPECTIVELY.
- BOARD MEMBER CAROL GORE IS A BOARD MEMBERS OF COVENANT HOUSE ALASKA, WHICH RECEIVED DIRECT GRANT SUPPORT FROM ACF.
- BOARD MEMBER KIM REITMEIER IS THE CEO OF THE ANCSA REGIONAL ASSOCIATION, IN WHICH ACF BOARD MEMBERS GABE KOMPKOFF, ANTHONY MALLOTT, AND BARBARA DONATELLI ARE MEMBERS.
- BOARD MEMBER BARBARA DONATELLI IS A COMMISSIONER FOR COOK INLET HOUSING AUTHORITY AND BOARD MEMBER CAROL GORE IS THE PRESIDENT & CEO OF COOK

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

INLET HOUSING AUTHORITY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDIT COMMITTEE REVIEWS AND APPROVES THE 990 PRIOR TO SUBMISSION TO
THE BOARD FOR FINAL APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD HAS AN ANNUAL CONFLICT OF INTEREST PROCESS AND BOARD MEMBERS
ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST AND RECUSE THEMSELVES FROM
VOTING.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PROCESS TO HIRE THE CEO BEGAN WITH THE FORMATION OF AN EXECUTIVE
SEARCH COMMITTEE OF THE BOARD OF DIRECTORS. THAT COMMITTEE WORKED WITH AN
EXECUTIVE SEARCH FIRM. CANDIDATES WERE SOUGHT FROM ACROSS THE STATE AND
ACROSS THE COUNTRY. THE COMMITTEE SOUGHT THE ADVICE AND ASSISTANCE OF THE
FORAKER GROUP AND THE COUNCIL ON FOUNDATIONS AND USED COMPARATIVE SALARY
AND BENEFITS INFORMATION PROVIDED BY BOTH ORGANIZATIONS. THE PROCESS FOR
REVIEWING EXECUTIVE COMPENSATION IS GUIDED BY THE EXECUTIVE COMMITTEE OF
THE BOARD OF DIRECTORS. A PERFORMANCE REVIEW IS BASED ON INPUT FROM ALL
BOARD MEMBERS AND FROM SELECT STAFF, FUNDERS, DONORS, AND GRANTEES. INPUT
IS ALSO RECEIVED FROM THE PRESIDENT/CEO AND STATE AND NATIONAL
COMPENSATION SURVEYS ARE CONSIDERED BY THE COMMITTEE, IN ORDER TO
DETERMINE FAIR AND REASONABLE COMPENSATION.

FORM 990, PART VI, SECTION B, LINE 15B:

THE CEO SETS THE COMPENSATION OF ACF STAFF BASED ON ANNUAL PERFORMANCE
REVIEWS, PREVAILING WAGE RATES AS DETERMINED BY CURRENT COMPETITIVE
MARKET COMMENDATION RATES FOR SIMILAR POSITIONS IN THE ALASKA NON-PROFIT

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

SECTOR AND RELEVANT FOR-PROFIT ORGANIZATIONS, AND BY THE COMPENSATION
SURVEY PRODUCED BY THE COUNCIL OF FOUNDATIONS (WHICH PRODUCES AN ANNUAL
GRANT MAKER AND COMMUNITY FOUNDATION SALARY AND BENEFITS REPORT).

FORM 990, PART VI, SECTION C, LINE 19:

ACF MAKES ITS CONFLICT OF INTEREST POLICY, ANNUAL 990, ANNUAL REPORT AND
AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS OWN WEBSITE
AND UPON REQUEST TO ANY PARTY THAT REQUESTS A COPY OF THE 990 OR ANNUAL
AUDITED FINANCIAL STATEMENTS. ACF DOES NOT PROVIDE IRS FORM 1023 AND
GOVERNING DOCUMENTS TO THE PUBLIC, WITH THE EXCEPTION OF MAJOR FUNDERS OR
GRANTORS. ACF'S ARTICLES OF INCORPORATION ARE PROVIDED AS A PUBLIC
DOCUMENT ON THE STATE OF ALASKA'S WEBSITE.

FORM 990, PART XI, LINE 9:

INCOME FROM K-1s:

INDABA CAPITAL PARTNERS (CAYMAN), LP	NONE
COLLER INTERNATIONAL PARTNERS IV FEEDER FUND, LP	142,929
RESOURCE LAND FUND V, LP	205,334
SECONDARY OPPORTUNITIES FUND III, LP	150,824
PRINCIPAL REAL ESTATE DEBT FUND III LP	115,877
WCP NEWCOLD II	(35,774)
WILLIAM K NEUMANN ESTATE	8,834
TOTAL:	588,024

Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

=====

BRITISH VIRGIN ISLANDS
KYRGYZSTAN
IRELAND
UNITED KINGDOM
GUERNSEY

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ROGER HICKEL CONTRACTING, INC. 11001 CALASKA CIRCLE ANCHORAGE, AK 99515	CONSTRUCTION	2,000,000.
MASH PROPERTY MANAGEMENT 445 E 5TH AVENUE ANCHORAGE, AK 99501	BUILDING MANAGEMENT	225,000.
HAPPY TRAILS, INC. 1600 COLLEGE ROAD FAIRBANKS, AK 99709	CONSTRUCTION	201,440.

Name of the organization

Employer identification number

THE ALASKA COMMUNITY FOUNDATION

92-0155067

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
-----	-----	-----
SEE DETAIL IN PART XIII	105,796,223.	FMV
TOTALS	----- 105,796,223. =====	

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ALASKA COMMUNITY FOUNDATION

Employer identification number

92-0155067

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ACF PROPERTIES, LLC 81-3769333 3201 C ST, SUITE 110 ANCHORAGE, AK 99503	RE HOLDING CO	AK	NONE	NONE	ACF
(2) ACF PROPERTIES B, LLC 88-2065050 3201 C STREET, SUITE 110 ANCHORAGE, AK 99503	BP ENERGY	AK	50,184.	13,178,202.	ACF
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Statement of Specified Foreign Financial Assets

▶ Go to www.irs.gov/Form8938 for instructions and the latest information.
 ▶ Attach to your tax return.

For calendar year 20 or tax year beginning , 20 and ending , 20

If you have attached additional statements, check here Number of additional statements 6

1 Name(s) shown on return THE ALASKA COMMUNITY FOUNDATION 2 Taxpayer identification number (TIN) 92-0155067

3 Type of filer
 a Specified individual b Partnership c Corporation d Trust

4 If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)

a Name b TIN

Part I Foreign Deposit and Custodial Accounts Summary

5	Number of deposit accounts (reported in Part V)	▶	
6	Maximum value of all deposit accounts		\$
7	Number of custodial accounts (reported in Part V)	▶	4
8	Maximum value of all custodial accounts		\$ 9,050,951.
9	Were any foreign deposit or custodial accounts closed during the tax year?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part II Other Foreign Assets Summary

10	Number of foreign assets (reported in Part VI)	▶	4
11	Maximum value of all assets (reported in Part VI)		\$ 6,105,957.
12	Were any foreign assets acquired or sold during the tax year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)

(a) Asset category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
13 Foreign deposit and custodial accounts	a Interest	\$		
	b Dividends	\$		
	c Royalties	\$		
	d Other income	\$		
	e Gains (losses)	\$		
	f Deductions	\$		
	g Credits	\$		
14 Other foreign assets	a Interest	\$ 12,362,990	PG 9, 11A	
	b Dividends	\$ 2,327,990	PG 9, 11A	
	c Royalties	\$		
	d Other income	\$ -73,990	PG 9, 11A	
	e Gains (losses)	\$ 314,924,990	PG 9, 11A	
	f Deductions	\$ 35,787,990	PG 9, 11A	
	g Credits	\$		

Part IV Excepted Specified Foreign Financial Assets (see instructions)

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

15 Number of Forms 3520 _____ 16 Number of Forms 3520-A _____ 17 Number of Forms 5471 _____
 18 Number of Forms 8621 _____ 19 Number of Forms 8865 _____

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20 Type of account	Deposit Custodial <input checked="" type="checkbox"/>	21 Account number or other designation NONE								
22 Check all that apply	<table border="0"> <tr> <td>a <input type="checkbox"/></td> <td>Account opened during tax year</td> <td>b <input checked="" type="checkbox"/></td> <td>Account closed during tax year</td> </tr> <tr> <td>c <input type="checkbox"/></td> <td>Account jointly owned with spouse</td> <td>d <input checked="" type="checkbox"/></td> <td>No tax item reported in Part III with respect to this asset</td> </tr> </table>	a <input type="checkbox"/>	Account opened during tax year	b <input checked="" type="checkbox"/>	Account closed during tax year	c <input type="checkbox"/>	Account jointly owned with spouse	d <input checked="" type="checkbox"/>	No tax item reported in Part III with respect to this asset	
a <input type="checkbox"/>	Account opened during tax year	b <input checked="" type="checkbox"/>	Account closed during tax year							
c <input type="checkbox"/>	Account jointly owned with spouse	d <input checked="" type="checkbox"/>	No tax item reported in Part III with respect to this asset							
23 Maximum value of account during tax year	\$ 948,485.									
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>								
25 If you answered "Yes" to line 24, complete all that apply.										
(a) Foreign currency in which account is maintained	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service								

26 a Name of financial institution in which account is maintained GRAHAM GLOBAL INVESTMENT FUND II SPC LT	b Global Intermediary Identification Number (GIIN) (Optional)
27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. C/O BLENHEIM TRUST (BVI) LIMITED, 125 MAIN ST, P.O. BOX 144	
28 City or town, state or province, country, and ZIP or foreign postal code ROAD TOWN, TORTOLA VI VI	

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset INDABA CAPITAL PARTNERS (CAYMAN), L	30 Identifying number or other designation 27-3363835
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.	
a Date asset acquired during tax year, if applicable, _____	
b Date asset disposed of during tax year, if applicable, _____	
c <input type="checkbox"/> Check if asset jointly owned with spouse	d <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset
32 Maximum value of asset during tax year (check box that applies)	
a <input type="checkbox"/> \$0-\$50,000 b <input type="checkbox"/> \$50,001-\$100,000 c <input type="checkbox"/> \$100,001-\$150,000 d <input type="checkbox"/> \$150,001-\$200,000	
e If more than \$200,000, list value \$ 3,409,615.	
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
34 If you answered "Yes" to line 33, complete all that apply.	
(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	

35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset	
a Name of foreign entity INDABA CAPITAL PARTNERS (C)	b GIIN (Optional)
c Type of foreign entity (1) <input checked="" type="checkbox"/> Partnership (2) <input type="checkbox"/> Corporation (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> Estate	
d Mailing address of foreign entity. Number, street, and room or suite no. P.O. BOX 309	
e City or town, state or province, country, and ZIP or foreign postal code UGLAND HOUSE, GRAND CAYMAN KY1-1104 CJ	

36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.	
a Name of issuer or counterparty _____	
Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty	
b Type of issuer or counterparty (1) <input type="checkbox"/> Individual (2) <input type="checkbox"/> Partnership (3) <input type="checkbox"/> Corporation (4) <input type="checkbox"/> Trust (5) <input type="checkbox"/> Estate	
c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person	
d Mailing address of issuer or counterparty. Number, street, and room or suite no. _____	
e City or town, state or province, country, and ZIP or foreign postal code _____	

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary
(see instructions)

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20 Type of account	Deposit Custodial <input checked="" type="checkbox"/>	21 Account number or other designation 854599CX
22 Check all that apply	a <input type="checkbox"/> Account opened during tax year	b <input type="checkbox"/> Account closed during tax year
	c <input type="checkbox"/> Account jointly owned with spouse	d <input checked="" type="checkbox"/> No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year	\$ 5,092,756.	
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
25 If you answered "Yes" to line 24, complete all that apply.		
(a) Foreign currency in which account is maintained	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
26 a Name of financial institution in which account is maintained GOLDENTREE SELECT OFFSHORE, LTD.		b Global Intermediary Identification Number (GIIN) (Optional)
27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. 300 PARK AVENUE, 21ST FLOOR		
28 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022		

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset COLLER INTERNATIONAL PARTNERS VII	30 Identifying number or other designation LP# 7452	
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.		
a Date asset acquired during tax year, if applicable, _____		
b Date asset disposed of during tax year, if applicable, _____		
c <input type="checkbox"/> Check if asset jointly owned with spouse d <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset		
32 Maximum value of asset during tax year (check box that applies)		
a <input type="checkbox"/> \$0-\$50,000 b <input type="checkbox"/> \$50,001-\$100,000 c <input type="checkbox"/> \$100,001-\$150,000 d <input type="checkbox"/> \$150,001-\$200,000		
e If more than \$200,000, list value: _____ \$ 1,131,519.		
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
34 If you answered "Yes" to line 33, complete all that apply.		
(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset		
a Name of foreign entity COLLER INTERNATIONAL PARTN		b GIIN (Optional)
c Type of foreign entity (1) <input checked="" type="checkbox"/> Partnership (2) <input type="checkbox"/> Corporation (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> Estate		
d Mailing address of foreign entity. Number, street, and room or suite no. P.O. BOX 255, TRAFALGAR COURT		
e City or town, state or province, country, and ZIP or foreign postal code LES BANQUES, SAINT PETER PORT GY1 3QL GK CJ		
36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.		
Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.		
a Name of issuer or counterparty _____ Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty		
b Type of issuer or counterparty (1) <input type="checkbox"/> Individual (2) <input type="checkbox"/> Partnership (3) <input type="checkbox"/> Corporation (4) <input type="checkbox"/> Trust (5) <input type="checkbox"/> Estate		
c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person		
d Mailing address of issuer or counterparty. Number, street, and room or suite no. _____		
e City or town, state or province, country, and ZIP or foreign postal code _____		

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary
(see instructions)

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20 Type of account	Deposit Custodial <input checked="" type="checkbox"/>	21 Account number or other designation NONE
22 Check all that apply	a Account opened during tax year	b Account closed during tax year
	c Account jointly owned with spouse	d <input checked="" type="checkbox"/> No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year	\$ 2,387,053.	
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
25 If you answered "Yes" to line 24, complete all that apply.		
(a) Foreign currency in which account is maintained	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
26 a Name of financial institution in which account is maintained RIMROCK HIGH INC PLUS (CAYMAN) FUND, LTD		b Global Intermediary Identification Number (GIIN) (Optional)
27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. C/O MOURANT OZANNES CORP SVC, 94, SOLARIS AVE BOX 1348		
28 City or town, state or province, country, and ZIP or foreign postal code CAMANA BAY, GRAND CAYMAN KY1-1108 CJ		

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset SECONDARY OPPORTUNITIES FUND III	30 Identifying number or other designation	
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.		
a Date asset acquired during tax year, if applicable, _____		
b Date asset disposed of during tax year, if applicable, _____		
c <input type="checkbox"/> Check if asset jointly owned with spouse d <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset		
32 Maximum value of asset during tax year (check box that applies)		
a <input type="checkbox"/> \$0-\$50,000 b <input type="checkbox"/> \$50,001-\$100,000 c <input type="checkbox"/> \$100,001-\$150,000 d <input type="checkbox"/> \$150,001-\$200,000		
e If more than \$200,000, list value _____ \$ 600,729.		
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
34 If you answered "Yes" to line 33, complete all that apply.		
(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset		
a Name of foreign entity SECONDARY OPPORTUNITIES FU	b GIIN (Optional)	
c Type of foreign entity (1) <input checked="" type="checkbox"/> Partnership (2) <input type="checkbox"/> Corporation (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> Estate		
d Mailing address of foreign entity. Number, street, and room or suite no. WINCHESTER HOUSE, 1 GREAT WINCHESTER STREET		
e City or town, state or province, country, and ZIP or foreign postal code LONDON EC2N 2DB UK		
36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.		
Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.		
a Name of issuer or counterparty _____ Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty		
b Type of issuer or counterparty (1) <input type="checkbox"/> Individual (2) <input type="checkbox"/> Partnership (3) <input type="checkbox"/> Corporation (4) <input type="checkbox"/> Trust (5) <input type="checkbox"/> Estate		
c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person		
d Mailing address of issuer or counterparty. Number, street, and room or suite no. _____		
e City or town, state or province, country, and ZIP or foreign postal code _____		

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary
(see instructions)

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20 Type of account	Deposit Custodial <input checked="" type="checkbox"/>	21 Account number or other designation 00016850
22 Check all that apply	a <input type="checkbox"/> Account opened during tax year	b <input type="checkbox"/> Account closed during tax year
	c <input type="checkbox"/> Account jointly owned with spouse	d <input checked="" type="checkbox"/> No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year	\$ 622,657.	
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
25 If you answered "Yes" to line 24, complete all that apply.		
(a) Foreign currency in which account is maintained	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
26 a Name of financial institution in which account is maintained PENNANT WINDWARD FUND, LTD		b Global Intermediary Identification Number (GIIN) (Optional)
27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. C/O CITIGROUP FUND BOX 1748, 27 HOSPITAL RD GEORGE TOWN		
28 City or town, state or province, country, and ZIP or foreign postal code GRAND CAYMAN KY1-1109 CJ		

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset 50 SOUTH CAPITAL ADVISORS, LLC	30 Identifying number or other designation 13633	
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.		
a Date asset acquired during tax year, if applicable, _____		
b Date asset disposed of during tax year, if applicable, _____		
c <input type="checkbox"/> Check if asset jointly owned with spouse d <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset		
32 Maximum value of asset during tax year (check box that applies)		
a <input type="checkbox"/> \$0-\$50,000 b <input type="checkbox"/> \$50,001-\$100,000 c <input type="checkbox"/> \$100,001-\$150,000 d <input type="checkbox"/> \$150,001-\$200,000		
e If more than \$200,000, list value \$ 964,095.		
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
34 If you answered "Yes" to line 33, complete all that apply.		
(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset		
a Name of foreign entity 50 SOUTH CAPITAL ADVISORS,		b GIIN (Optional)
c Type of foreign entity (1) <input checked="" type="checkbox"/> Partnership (2) <input type="checkbox"/> Corporation (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> Estate		
d Mailing address of foreign entity. Number, street, and room or suite no. 50 SOUTH LASALLE STREET		
e City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60603		
36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.		
Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.		
a Name of issuer or counterparty _____ Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty		
b Type of issuer or counterparty (1) <input type="checkbox"/> Individual (2) <input type="checkbox"/> Partnership (3) <input type="checkbox"/> Corporation (4) <input type="checkbox"/> Trust (5) <input type="checkbox"/> Estate		
c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person		
d Mailing address of issuer or counterparty. Number, street, and room or suite no. _____		
e City or town, state or province, country, and ZIP or foreign postal code _____		

SCH L, LINE 18 -
OTHER CURRENT LIABILITIES

	BEGINNING	ENDING
----- OTHER CURRENT LIABILITIES	NONE	113,256.
TOTAL	NONE	113,256.
	=====	=====



Tel: 907-278-8878
Fax: 907-278-5779
www.bdo.com

3601 C Street, Suite 600
Anchorage, AK 99503

The Alaska Community Foundation
Instructions for Filing
Form 8879-TE
IRS e-file Signature Authorization for Form 990-T
For the year ended December 31, 2022

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

BDO USA
3601 C STREET, STE 600
ANCHORAGE AK 99503

There is no tax due with the filing of this return.

Do NOT separately file Form 990-T with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before November 15, 2023. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning _____ and ending _____

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

THE ALASKA COMMUNITY FOUNDATION

92-0155067

Name and title of officer or person subject to tax

KEN OSTERKAMP, INTERIM PRES/CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>NONE</u>
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____ (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize BDO USA to enter my PIN 94221 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

92085313538

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Matthew Frenken

Date

10/26/2023

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2022

Open to Public Inspection
for 501(c)(3)
Organizations Only

For calendar year 2022 or other tax year beginning _____, 2022, and ending _____, 20__

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE ALASKA COMMUNITY FOUNDATION	D Employer identification number 92-0155067
B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a) <input type="checkbox"/> 220(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 529A	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 3201 C STREET, SUITE 110	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code ANCHORAGE, AK 99503	
		C Book value of all assets at end of year 191830219	F <input type="checkbox"/> Check box if an amended return.
G Check organization type		<input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university	
H Check if filing only to		<input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439	
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) 1			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
L The books are in care of		KEVIN GRAY, CFO 3201 C STREET, SUITE 110 ANCHORAGE, AK 99503	Telephone number 907-334-6700

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	1	69,531.
2 Reserved	2	
3 Add lines 1 and 2	3	69,531.
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	69,531.
6 Deduction for net operating loss. See instructions.	6	69,531.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions.	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.	11	NONE

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	NONE
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	NONE

For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116),	1a	
b Other credits (see instructions),	1b	
c General business credit. Attach Form 3800 (see instructions),	1c	
d Credit for prior year minimum tax (attach Form 8801 or 8827),	1d	
e Total credits. Add lines 1a through 1d,	1e	
2 Subtract line 1e from Part II, line 7,	2	NONE
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8856 <input type="checkbox"/> Other (attach statement)	3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here,	4	NONE
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k),	5	
6a Payments: A 2021 overpayment credited to 2022,	6a	
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c Tax deposited with Form 8878,	6c	
d Foreign organizations: Tax paid or withheld at source (see instructions),	6d	
e Backup withholding (see instructions),	6e	
f Credit for small employer health insurance premiums (attach Form 8941),	6f	
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	6g	
7 Total payments. Add lines 6a through 6g,	7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached, <input type="checkbox"/>	8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed,	9	NONE
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid,	10	
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <u>SEE STATEMENT 1</u>	X	
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4 Enter available pre-2018 NOL carryovers here \$ <u>699,162</u> . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
6a Did the organization change its method of accounting? (see instructions)		X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V.		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	<u>KEN OSTERKAMP</u>	<u>INTERIM PRES/CEO</u>	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	<u>MATTHEW FRERKER CPA</u>	<u>Matthew Frerker</u>	<u>10/26/2023</u>
	Firm's name <u>BDO USA</u>	Firm's EIN <u>13-5381590</u>	Check <input type="checkbox"/> if self-employed
Firm's address <u>3601 C STREET, STE 600, ANCHORAGE, AK 99503</u>	Phone no. <u>907-278-8878</u>	PTIN <u>P01677675</u>	

PART IV - LINE 1 - NAMES OF THE FOREIGN COUNTRIES
=====

NAME OF FOREIGN COUNTRY

VIRGIN ISLANDS
KYRGYZSTAN
IRELAND
UNITED KINGDOM
GUERNSEY

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization THE ALASKA COMMUNITY FOUNDATION	B Employer identification number 92-0155067
C Unrelated business activity code (see instructions) 900099	D Sequence: 1 of 1

E Describe the unrelated trade or business INVESTMENTS IN PARTNERSHIPS

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance			
1c				
2	Cost of goods sold (Part III, line 8)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions			
4b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions			
4c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement) SEE STATEMENT. I.	69,531.		69,531.
6	Rent income (Part IV)			
7	Unrelated debt-financed income (Part V)			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
10	Exploited exempt activity income (Part VIII)			
11	Advertising income (Part IX)			
12	Other income (see instructions; attach statement)			
13	Total. Combine lines 3 through 12	69,531.		69,531.

Part II	Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.		
1	Compensation of officers, directors, and trustees (Part X)		1
2	Salaries and wages		2
3	Repairs and maintenance		3
4	Bad debts		4
5	Interest (attach statement). See instructions		5
6	Taxes and licenses		6
7	Depreciation (attach Form 4562). See instructions	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	8b
9	Depletion		9
10	Contributions to deferred compensation plans		10
11	Employee benefit programs		11
12	Excess exempt expenses (Part VIII)		12
13	Excess readership costs (Part IX)		13
14	Other deductions (attach statement)		14
15	Total deductions. Add lines 1 through 14		15
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16 69,531.
17	Deduction for net operating loss. See instructions		17
18	Unrelated business taxable income. Subtract line 17 from line 16.		18 69,531.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				
11 Total dividends - received deductions included in line 10				

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

SCHEDULE A: ORDINARY INCOME (LOSS) FROM K-1S

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
ORDINARY INCOME (LOSS) FROM K-1S	337,650.	268,119.	69,531.
TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS			69,531.

FEDERAL FOOTNOTES

=====

NOL CARRYFORWARD

=====

TAX YEAR	LOSS SUSTAINED	LOSS UTILIZED	LOSS REMAINING	CARRYOVER TO 2023
12/31/2015	103,292	69,531	33,761	33,761
12/31/2016	280,573	-	280,573	280,573
12/31/2017	315,297	-	315,297	315,297
12/31/2018	152,925	-	152,925	152,925
12/31/2019	33,703	-	33,703	33,703
12/31/2020	2,004	-	2,004	2,004
TOTAL NOL CARRYOVER TO 12/31/2023			----- 833,300 =====	----- 833,300 =====

Alaska Corporation Net Income Tax Return

Form **6000**

For calendar year 2022 or the taxable year beginning _____, 2022, ending _____, 20__

2022

EIN 92-0155067		NAICS Code 900099	Contact Person KEN OSTERKAMP	
Name THE ALASKA COMMUNITY FOUNDATION			Title INTERIM PRESIDENT/CEO	
Mailing Address 3201 C STREET, SUITE 110		<input type="checkbox"/> Check if new address	Contact Email Address N/A	
City ANCHORAGE	State AK	Zip Code 99503	Contact Telephone Number 9072746703	Contact Fax Number N/A

Return Information (check applicable boxes)

<input type="checkbox"/> Final Alaska return	<input checked="" type="checkbox"/> Exempt organization with UBTI	<input type="checkbox"/> S Corporation (attach Form 1120S)
<input type="checkbox"/> Consolidated Alaska return	<input type="checkbox"/> Public Law 86-272 applies	<input type="checkbox"/> Personal Holding Company
<input type="checkbox"/> Amended return	<input type="checkbox"/> HOA filing Form 1120-H	<input type="checkbox"/> Cooperative Association
<input checked="" type="checkbox"/> Federal extension is in effect	<input type="checkbox"/> Small corporation exemption (see instructions)	

If amended return box above is checked, then check the following boxes, if applicable:

<input type="checkbox"/> Amended return to report IRS audit or Form 1120X	<input type="checkbox"/> This is a protective claim
---	---

SCHEDULE A - NET INCOME TAX SUMMARY

1. Alaska income (loss) from Schedule H, line 12	1	69,531.
2. Alaska net operating loss utilized: carryover (<u>69,531.</u>) carryback (_____) Total Carryback use limited. See instructions.	2	SEE STATEMENT 1 (<u>69,531.</u>)
3. Alaska taxable income. Add lines 1-2	3	
4. Alaska income tax from Schedule D, line 2	4	
5. Other taxes from Schedule E, line 7.	5	
6. Total tax. Add lines 4-5	6	
7. Alaska incentive credits applied against tax from Form 6300, line 49.	7	
8. Federal-based credits from Form 6390, line 33	8	
9. Net Alaska income tax. Subtract the sum of lines 7-8 from line 6. If more than \$500, attach Form 6220	9	
10. Payments from page 3, Schedule C.	10	
11. Reserved	11	
12. Alaska incentive credits claimed as refund from Form 6300, line 38	12	
13. Tax due (overpaid). Subtract the sum of lines 10-12 from line 9	13	
14. Penalty for underpayment of estimated tax (see instructions).	14	
15. Total amount due (overpaid). Add lines 13-14. If greater than zero, STOP	15	
16. Overpayment credited to 2023 estimated tax (enter as positive number)	16	
17. Refund. Add lines 15-16.	17	

I declare, under penalty of perjury, that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Check if the DOR may discuss this return with the preparer (see instructions)

Officer's Signature		Date	Title PRESIDENT & CEO	
Preparer's Signature MATTHEW FRERKER, CPA		Date 10/26/2023	Preparer Firm's Name BDO USA	Preparer's SSN or PTIN P01677675
Preparer Firm's Address 3601 C STREET, STE 600			EIN 13-5381590	Phone 907-278-8878
City ANCHORAGE	State AK	Zip Code 99503		

EIN 92-0155067	Name THE ALASKA COMMUNITY FOUNDATION
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SCHEDULE B - ALASKA TAXPAYER INFORMATION

1. ALASKA CONSOLIDATED RETURNS ONLY: LIST ALL CORPORATIONS, OTHER THAN THE TAXPAYER SHOWN ON PAGE 1, WITH NEXUS IN ALASKA INCLUDED IN THIS RETURN. FAILURE TO PROPERLY COMPLETE MAY RESULT IN PENALTIES.

A Name of each corporation with nexus in Alaska	B P.L.86-272 applies	C Alaska Insurance Company	D EIN	E NAICS Code		
Name	<input type="checkbox"/>	<input type="checkbox"/>				
Address						
City					State	Zip Code
Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> payroll					<input type="checkbox"/> sales	
Name	<input type="checkbox"/>	<input type="checkbox"/>				
Address						
City					State	Zip Code
Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> payroll					<input type="checkbox"/> sales	
Name	<input type="checkbox"/>	<input type="checkbox"/>				
Address						
City					State	Zip Code
Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> payroll					<input type="checkbox"/> sales	
Name	<input type="checkbox"/>	<input type="checkbox"/>				
Address						
City					State	Zip Code
Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> payroll					<input type="checkbox"/> sales	

2. If any taxpayer included in this return is included in a federal consolidated return (Form 1120), provide the name, address, and EIN of the common parent of the federal consolidated group.

EIN	Name		
Address	City	State	Zip Code

3. If this is the first return, indicate if: Successor to previously existing business (Enter name, address, and EIN of previous business)

EIN	Name		
Address	City	State	Zip Code

4. Name and EIN on the prior year's return if different from page 1. State the reason for the change (e.g. merger, name change, etc.)

EIN	Name		
Reason			

EIN 92-0155067	Name THE ALASKA COMMUNITY FOUNDATION
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SCHEDULE C - TAX PAYMENT RECORD

Estimated Payments	Date	Amount	Summary	Date	Amount
First			Payment with extension		
Second			Total estimated tax payments		
Third			Overpayment from prior year		
Fourth			Less: Quick Refund from Form 6230	()	
Total estimated tax payments			Amended return only:		
			Tax paid with original return and additional tax paid		
			Less: Overpayment previously credited to 2023	()	
			Less: Refund from original return and additional refunds	()	
			Total net payments to Schedule A, line 10		

SCHEDULE D - ALASKA TAX COMPUTATION

Tax Rate Table is contained in instructions

1. Alaska taxable income from Schedule A, line 3	1	
2. Tax. Use Tax Rate Table to compute tax. Enter here and on Schedule A, line 4	2	

SCHEDULE E - OTHER TAXES

1. Base Erosion and Anti-Abuse Tax (BEAT) from federal Form 8991	1	
2. Apportionment factor, from Schedule I, line 14	2	1.000000
3. Multiply line 1 by line 2	3	
4. Personal Holding Company tax (see instructions)	4	
5. Tax on early cessation of operations - LNG storage facility	5	
6. Other taxes (see instructions)	6	
7. Add lines 3-6. Enter here and on Schedule A, line 5	7	

EIN 92-0155067	Name THE ALASKA COMMUNITY FOUNDATION
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SCHEDULE H - COMPUTATION OF ALASKA INCOME

1. Federal taxable income (loss) (see instructions)		1	69,531.
Combined Reporting	2a. Federal taxable income (loss) of corporations not included in line 1	2a	
	2b. Foreign corporations with 20% or greater U.S. factors	2b	
	2c. Income from tax haven corporations and any FSC profit	2c	
	2d. Federal taxable (income) loss of non-unitary corporations	2d	
	2e. Federal taxable (income) loss of corporations with U.S. factors of less than 20%	2e	
	2f. Intercompany eliminations (see instructions).	2f	
	2g. Total adjustments for combined reporting. Add lines 2a-2f.	2g	
3. Net income before state modifications and adjustments. Add lines 1 and 2g		3	69,531.
Additions	4a. Taxes based on or measured by net income	4a	
	4b. Expenses incurred to produce non-business income	4b	
	4c. Federal charitable contributions from federal Form 1120, line 19	4c	
	4d. Net Section 1231 losses from federal Form 4797, line 11	4d	
	4e. Oil and gas service industry expenditures. Enter amount from Form 6327, line 2	4e	
	4f. Reserved.	4f	
	4g. Other (attach schedule).	4g	
	4h. Total additions. Add lines 4a-4g	4h	
5. Total. Add lines 3 and 4h		5	69,531.
Subtractions	6a. Interest from obligations of the United States	6a	
	6b. Intercompany dividends	6b	
	6c. Section 78 gross-up dividends	6c	
	6d. 80% of dividends received from foreign corporations.	6d	
	6e. 80% of royalties accrued or received from foreign corporations	6e	
	6f. Non-business income (attach schedule)	6f	
	6g. Federal Form 1120, line 8 capital gain income.	6g	
	6h. Non-recaptured Section 1231 losses from prior years from federal Form 4797, line 12.	6h	
	6i. Other (attach schedule).	6i	
	6j. Total subtractions. Add lines 6a-6i	6j	
	7. Apportionable income (loss). Subtract line 6j from line 5.	7	69,531.
8. Apportionment factor from Schedule I, line 14.	8	1.000000	
9. Income (loss) apportioned to Alaska. Multiply line 7 by line 8	9	69,531.	
10. Non-business income (loss) net of expenses allocable to Alaska (attach schedule)	10		
Alaska Items	11a. Alaska capital and Section 1231 gain (loss) from Schedule J, line 20	11a	
	11b. Alaska charitable contribution deduction from Schedule K, line 10	11b	()
	11c. Alaska dividends-received deduction (see instructions).	11c	()
	11d. Total Alaska items (add lines 11a-11c)	11d	
12. Alaska taxable income (loss) before net operating loss. Add lines 9, 10, and 11d. Enter here and on Schedule A, line 1		12	69,531.

EIN 92-0155067	Name THE ALASKA COMMUNITY FOUNDATION
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SCHEDULE I - APPORTIONMENT FACTOR

Property	1. Property within Alaska			
		A EIN	B Name	C Property within Alaska
	1a			
	1b			
	1c			
	1d			
	1e			
	2. Total of line 1 column C	2		
	3. Property everywhere	3		
	4. Property factor. Divide line 2 by line 3	4		
Payroll	5. Payroll within Alaska			
		A EIN	B Name	C Payroll within Alaska
	5a			
	5b			
	5c			
	5d			
	5e			
	6. Total of line 5 column C	6		
	7. Payroll everywhere	7		
	8. Payroll factor. Divide line 6 by line 7	8		
Sales	9. Sales within Alaska			
		A EIN	B Name	C Sales within Alaska
	9a			
	9b			
	9c			
	9d			
	9e			
	10. Total of line 9 column C	10		
	11. Sales everywhere	11		
	12. Sales factor. Divide line 10 by line 11	12		
	13. Add lines 4, 8, and 12	13		
	14. Apportionment factor. Divide line 13 by 3 (if less than 3 factors are used, see instructions)	14	1.000000	

EIN 92-0155067	Name THE ALASKA COMMUNITY FOUNDATION
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SCHEDULE J - ALASKA CAPITAL AND SECTION 1231 GAINS AND LOSSES

Section 1231 Gains and Losses

	A Combined	B AK factor	C Alaska Gain or (loss)
1. Current Section 1231 gains and (losses). If a loss enter the result on line 19.	1	1.000000	
2. Alaska net non-recaptured Section 1231 losses from prior years. Enter as a positive number			2
3. If line 1C is a gain, subtract line 2 from line 1C, but not less than zero. Enter here and on line 15			3
4. If line 1C is a gain, enter the lesser of line 1C or line 2 here and on line 19, otherwise enter zero			4

Short-Term Capital Gains and Losses -- STCG/(L)

5. Total current STCG/(L)	5		
6. Non-business STCG/(L)	6		
7. Apportionable STCG/(L). Subtract line 6 from line 5	7	1.000000	
8. Non-business STCG/(L) allocable to Alaska			8
9. Alaska capital loss carryover utilized () carryback utilized (). Total			9 ()
10. Net STCG/(L), add lines 7C, 8, and 9			10

Long-term Capital Gains and Losses -- LTCG/(L)

11. Total current LTCG/(L).	11		
12. Non-business LTCG/(L)	12		
13. Apportionable LTCG/(L). Subtract line 12 from line 11	13	1.000000	
14. Non-business LTCG/(L) allocable to Alaska			14
15. Enter amount from line 3			15
16. Net LTCG/(L). Add lines 13C, 14, and 15			16

Summary

17. Excess net short-term capital gain, line 10, over net long-term capital loss, line 16	17	
18. Excess net long-term capital gain, line 16, over net short-term capital loss, line 10	18	
19. If line 1C is a loss, enter here, otherwise enter the amount from line 4	19	
20. Add lines 17-19. Enter here and on Schedule H, line 11a	20	

EIN 92-0155067	Name THE ALASKA COMMUNITY FOUNDATION
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SCHEDULE K - CHARITABLE CONTRIBUTION DEDUCTION

1. Current charitable contributions	1	
2. Education credit contributions from Form 6310, line 3	2	
3. Subtract line 2 from line 1	3	
4. Apportionment factor from Schedule I, line 14	4	1.000000
5. Current Alaska charitable contributions. Multiply line 3 by line 4	5	
6. Alaska charitable contribution carryover from Form 6385, line 18	6	
7. Add lines 5-6	7	
8. Taxable income for deduction limitation purposes (see instructions)	8	69,531.
9. Multiply line 8 by 10%.	9	6,953.
10. Alaska charitable contribution deduction. Enter the lesser of line 7 or line 9 here and on Schedule H, line 11b.	10	

SCHEDULE L - ALASKA DIVIDENDS-RECEIVED DEDUCTION (DRD)

1. Dividend income included in Schedule H, line 3	1	
---	---	--

Not Eligible	2a. Intercompany dividends from Schedule H, line 6b	2a	
	2b. Section 78 gross-up dividends from Schedule H, line 6c	2b	
	2c. 100% of dividends from foreign corporations. Divide Schedule H, line 6d by 80%	2c	
	2d. Dividends subtracted on Schedule H, line 6f as non-business income	2d	
	2e. Total dividends not eligible for DRD. Add lines 2a-2d.	2e	

3. Total dividends eligible for DRD. Subtract line 2e from line 1	3	
4. Apportionment factor from Schedule I, line 14	4	1.000000
5. Apportioned dividends. Multiply line 3 by line 4	5	
6. Dividends allocable to Alaska included on Schedule H, line 10	6	
7. Total dividends included in taxable income. Add lines 5-6	7	

	A Apportioned Dividends	B Percentage	C DRD (A x B)
8a. Dividends qualifying for 100% deduction	8a	100%	
8b. Dividends qualifying for 65% deduction	8b	65%	
8c. Dividends qualifying for 50% deduction	8c	50%	
8d. Dividends qualifying for 26.7% deduction.	8d	26.7%	
8e. Dividends qualifying for 23.3% deduction.	8e	23.3%	
8f. Other, if applicable (enter % in column B).	8f		

9. Tentative dividends-received deduction. Add lines 8a-8f, column C (see instructions)	9	
---	---	--

Tax Attribute Carryovers

Form **6385**

For calendar year 2022 or the taxable year beginning _____, ending _____

2022

EIN 92-0155067	Name Shown on Return THE ALASKA COMMUNITY FOUNDATION
-------------------	---

Name and EIN of Alaska taxpayer generating attributes, if different from taxpayer(s) filing this return (attach additional forms if necessary):	
EIN	Name

Enter all numbers as positive numbers

1. Net operating loss (NOL) carryover generated prior to tax years beginning 01/01/2018.

Tax Year-End of NOL mm/dd/yyyy A	NOL Generated B	Charitable Contributions Converted to NOL C	Previously Utilized D	Available B + C - D = E
12/31/2015	183,221.		79,929.	103,292.
12/31/2016	280,573.			280,573.
12/31/2017	315,297.		3,239.	312,058.

2. Total NOL carryover available, prior to 2018. Sum of line 1, column E 2 695,923.

3. Alaska income from Schedule A, line 1 3 69,531.

4a. Enter the lesser of line 2 or line 3 4a 69,531.

4b. Subtract line 4a from line 3 4b

4c. Multiply line 4b by 80% 4c

4d. NOL carryover subject to 80% taxable income limitation for tax years beginning after 12/31/2017.

Tax Year-End of NOL mm/dd/yyyy A	NOL Generated B	Charitable Contributions Converted to NOL C	Previously Utilized D	Available B + C - D = E
12/31/2018	152,925.			152,925.
12/31/2019	33,703.			33,703.
12/31/2020	2,004.			2,004.

4e. NOL carryover available, limited to 80% of taxable income. Sum line 4d, column E 4e 188,632.

4f. Enter the lesser of line 4c or 4e 4f

4g. Total NOL carryover available. Sum of line 2 and line 4e 4g 884,555.

4h. NOL carryover to be utilized. Sum of line 4a and line 4f. Enter here and on Schedule A, line 2 4h 69,531.

5. Net operating loss (NOL) for carryback. Only for insurance companies that qualify. See instructions.

Tax Year-end of NOL mm/dd/yyyy A	NOL Generated B	Previously Utilized C	Available B - C = D

6. Total NOL carryback available. Sum of line 5, column D 6

7. Subtract line 4h from line 3 7

8. NOL carryback to be utilized. Enter the lesser of line 6 or line 7. Enter here and on Schedule A, line 2 8

Tax Attribute Carryovers

Form **6385**

2022

EIN 92-0155067	Name Shown on Return THE ALASKA COMMUNITY FOUNDATION
-------------------	---

9. Unused capital loss carryover.

Tax Year-End of Loss mm/dd/yyyy A	Loss Generated B	Previously Utilized C	Available B - C = D

10. Total capital loss carryover available. Sum of line 9, column D 10

11. Net Alaska capital and section 1231 gains (see instructions) 11

12. Capital loss carryover to be utilized. Enter the lesser of line 10 or line 11 and on Schedule J, line 9 12

13. Unused capital loss for carryback.

Tax Year-End of Loss mm/dd/yyyy A	Loss Generated B	Previously Utilized C	Available B - C = D

14. Total capital loss carryback available. Sum of line 13, column D 14

15. Net Alaska capital and section 1231 gains limited for carryback purposes (see instructions) 15

16. Capital loss carryback to be utilized. Enter the lesser of line 14 or line 15 and on Schedule J, line 9 16

17. Excess charitable contributions.

Tax Year-End of Excess Contributions mm/dd/yyyy A	Excess Contributions B	Charitable Contributions Converted to NOL C	Previously Utilized D	Available B - C - D = E

18. Total charitable contribution carryover. Sum of line 17, column E. Enter here and on Schedule K, line 6 18

ALASKA FORM 6000, PAGE 1 DETAIL

LINE 2 - NOL CARRYOVER

CARRYOVER GENERATED IN TAX YEAR 2015	183,221.	
NOL UTILIZED IN 2021	79,929.	
NOL UTILIZED IN 2022	69,531.	
TOTAL NOL UTILIZED	149,460.	
NOL CARRIED FORWARD TO 2023		33,761.
CARRYOVER GENERATED IN TAX YEAR 2016	280,573.	
TOTAL NOL UTILIZED	NONE	
NOL CARRIED FORWARD TO 2023		280,573.
CARRYOVER GENERATED IN TAX YEAR 2017	315,297.	
NOL UTILIZED IN 2019	18.	
NOL UTILIZED IN 2020	3,221.	
TOTAL NOL UTILIZED	3,239.	
NOL CARRIED FORWARD TO 2023		312,058.
CARRYOVER GENERATED IN TAX YEAR 2018	152,925.	
TOTAL NOL UTILIZED	NONE	
NOL CARRIED FORWARD TO 2023		152,925.
CARRYOVER GENERATED IN TAX YEAR 2019	33,703.	
TOTAL NOL UTILIZED	NONE	
NOL CARRIED FORWARD TO 2023		33,703.

ALASKA FORM 6000, PAGE 1 DETAIL

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LINE 2 - NOL CARRYOVER (CONT'D)

CARRYOVER GENERATED IN TAX YEAR 2020 2,004.

TOTAL NOL UTILIZED NONE

NOL CARRIED FORWARD TO 2023 2,004.

TOTAL NOL CARRIED FORWARD TO 2023 815,024.
=====



Tel: 907-278-8878
Fax: 907-278-5779
www.bdo.com

3601 C Street, Suite 600
Anchorage, AK 99503

The Alaska Community Foundation
Instructions for Filing
Form CD405
North Carolina Corporation Tax Return
for the year ended December 31, 2022

Your return will be filed electronically. You do not need to file any forms with the state of North Carolina.

The amount payable includes:

Tax	\$897
Total Amount Payable	\$897

DO NOT separately file Form CD-405 with the state of North Carolina. Doing so will delay the processing of your return.

The state of North Carolina will notify us when your return has been accepted. Your return is not considered filed until the state confirms its acceptance.

Did you know you can pay online?

Benefits of Paying Taxes Online

- Accurate, secure, convenient
- Schedule payments in advance
- Bank drafts (free), MasterCard or Visa (\$2 convenience fee for every \$100 paid)
- Enjoy peace of mind, knowing your payment will be processed timely and efficiently

How to Pay Taxes Online

Visit www.ncdor.gov and search for online file and pay.

How to Pay Taxes Using Paper

If you are unable to pay online, complete the voucher (below), cut across the dotted line, and send the completed voucher and your check or money order to the NCDOR, PO Box 25000, Raleigh, NC 27640-0650. If you pay taxes online, DO NOT submit the paper voucher.

← Cut Here →

CD-V (40)

9-24-12

Corporate Income Tax Payment Voucher

North Carolina Department of Revenue

For calendar year	2022	or other tax year beginning		and ending
THE ALASKA COMMUNITY FOUNDATION				920155067
3201 C STREET SUITE 110			Y NP/TE N NF N CO/MA	
ANCHORAGE	AK	99503	Total Corporate Income Tax Due	\$ 897.00

6620140004



12220 9201550677 0000000 06505

CD-405 (40)

8-18-22

C Corporation Tax Return 2022

North Carolina Department of Revenue

DOR Use Only

For calendar year 2022, or other tax year beginning 22 and ending

THE ALASKA COMMUNITY FOUNDATION
3201 C STREET SUITE 110
ANCHORAGE AK 99503
Federal Employer ID Number 920155067
N.C. Secretary of State ID Number
NAICS Code 900099

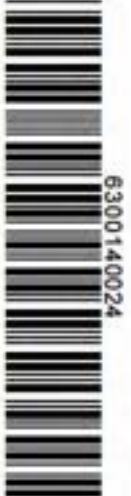
Initial Return Short Year Return Captive REIT Non U.S./Foreign NC-Rehab
Final Return Amended Return Tax Exempt Combined Return (Approved Taxpayers Only) NC-478 is attached Has Escheatable Property

Federal Extension Were you granted an automatic extension to file your 2022 federal income tax return (Form 1120)? Yes No

THE 3201 99503 920155067 900099
PP P01677675 PFSP P IR N FR N SR N AR N
TN 9072746703 RE N TE Y NF N CR N NCR N 478 N EP N FDEXT N

THE ALASKA COMMUNITY FOUNDATION
3201 C STREET SUITE 110 ANCHORAGE AK 99503

Table with columns for GR, TA, 01, HCE, 02, 03, 04, 05, 06, 18 and values for 07, 08, 10, 12, 13, 14, 15, 16, 17, 18, 19, 21, 23, 24A, 24B, 24C, 24D, 24E, 26, 27, 31, 32A, 32B, 35, 36, 37, 38, 897, 0.



Sch. A Computation of Franchise Tax
1. Net Worth 0
Holding Company Exception N
2. Total Franchise Tax Due 0
3. Payment with Franchise Tax Extension 0
4. Tax Credits 0
5. Franchise Tax Due 0
6. Franchise Tax Overpaid 0

I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Refund Due 0 Payment Due 897
Signature and Title of Officer: PRESIDENT & CEO Date Corporate Phone Number 907-274-6703

PAD PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.
Signature of Paid Preparer: MATTHEW FRERKER, CPA Date 10/26/2023 Preparer's Phone Number 907-278-8878 Preparer's FEIN, SSN, or PTIN P01677675

Mail to: NCDOR, P.O. Box 25000, Raleigh, N.C. 27640-0500. Returns are due by the 15th day of the 4th month after the end of the income year.

N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of **0**

Sch. B Computation of Corporate Income Tax		Sch. C Net Worth	
7. Federal Taxable Income Before NOL	NONE	4. Accumulated depreciation, depletion, and amortization permitted for income tax purposes (Attach schedule)	0
8. Adjustments to Federal Taxable Income	0	5. Line 3 minus Line 4	190199104
9. Net Income Before Contributions	NONE	6. Affiliated indebtedness (Attach schedule)	0
10. Contributions to Donees Outside N.C.	0	7. Line 5 plus (or minus) Line 6	190199104
11. N.C. Taxable Income	NONE	8. Apportionment factor	0%
12. Nonapportionable Income	35894	9. Net Worth	0
13. Apportionable Income	-35894	Sch. G Federal Taxable Income Before NOL Deduction	
14. Apportionment Factor	NONE %	1. a. Gross receipts or sales	0
15. Income Apportioned to N.C.	NONE	b. Returns and allowances	0
16. Nonapportionable Income Allocated to N.C.	35894	c. Balance - Line 1a minus Line 1b	0
17. Income Subject to N.C. Tax	35894	2. Cost of goods sold (Attach schedule)	0
18. % Depletion over Cost - N.C. Property	0	3. Gross Profit (Line 1c minus Line 2)	0
19. State Net Loss (Attach schedule)	0	4. Dividends (Attach schedule)	0
20. Income Before Contributions to N.C. Donees	35894	5. a. Interest on obligations of U.S. and its instrumentalities	0
21. Contributions to N.C. Donees	0	b. Other interest	0
22. Net Taxable Income	35894	6. Gross rents	0
23. N.C. Net Income Tax	897	7. Gross royalties (Attach schedule)	0
24. Payments and Credits	0	8. Capital gain net income (Attach schedule)	0
a. Income Tax Extension	0	9. Net gain (loss) (Attach schedule)	0
b. 2022 Estimated Tax (previous payments if amended)	0	10. Other income (Attach schedule)	0
c. Partnership (include Form D-403, NC K-1)	0	11. Total Income	0
d. Nonresident Withholding (include 1099 or W-2)	0	12. Compensation of officers (Attach sch., including addresses)	0
e. Tax Credits	0	13. Salaries and wages (less employment credits)	0
25. Add Lines 24a through 24e	0	14. Repairs and maintenance	0
26. Income Tax Due	897	15. Bad debts	0
27. Income Tax Overpaid	0	16. Rents	0
Tax Due or Refund		17. Taxes and licenses	0
28. Franchise Tax Due or Overpayment	0	18. Interest	0
29. Income Tax Due or Overpayment	897	19. Charitable contributions	0
30. Balance of Tax Due or Overpayment	897	20. a. Depreciation	0
31. Underpayment of Estimated Income Tax	0	b. Depreciation included in cost of goods sold	0
EU. Exception to Underpayment of Estimated Tax	0	c. Balance - Line 20a minus 20b	0
32. a. Interest	0	21. Depletion	0
b. Penalties	0	22. Advertising	0
c. Add Lines 32a and 32b	0	23. Pension, profit-sharing, and similar plans	0
33. Total Due	897	24. Employee benefit programs	0
34. Overpayment	0	25. Reserved for future use	0
35. 2023 Estimated Income Tax	0	26. Other deductions (Attach schedule)	0
36. N.C. Nongame and Endangered Wildlife Fund	0	27. Total Deductions	0
37. N.C. Education Endowment Fund	0	28. Taxable Income Per Federal Return Before NOL and Special Deductions	0
38. Amount to be Refunded	0	29. Special Deductions	0
Sch. C Net Worth		30. Federal Taxable Income	0
1. Total assets	192600551		
2. Total liabilities	2401447		
3. Line 1 minus Line 2	190199104		

Legal Name (First 10 Characters) THE ALASKA Federal Employer ID Number 920155067

Sch. H Adjustments to Federal Taxable Income

1.	Additions		
	a. Taxes based on net income	1a.	0
	b. Contributions	1b.	0
	c. Royalties to related members	1c.	0
	d. Net interest expense to related members	1d.	0
	e. Expenses attributable to income not taxed	1e.	0
	f. Bonus depreciation	1f.	0
	g. Section 179 expense deduction	1g.	0
	h. Other (Attach schedule)	1h.	0
2.	Total Additions	2.	0
3.	Deductions		
	a. U.S. obligation interest (net of expenses) (Attach schedule)	3a.	0
	b. Other deductible dividends	3b.	0
	c. Royalties received from related members	3c.	0
	d. Qualified interest expense to related members	3d.	0
	e. Bonus depreciation	3e.	0
	f. Section 179 expense deduction	3f.	0
	g. Other (Attach schedule)	3g.	0
4.	Total Deductions	4.	0
5.	Adjustments to Federal Taxable Income	5.	0

Sch. I Contributions

1.	Contributions to Donees Outside N.C.		
	a. Total contributions to donees outside N.C.	1a.	0
	b. Multiply Schedule B, Line 9 by 5%, if Line 9 is greater than zero. Otherwise enter zero.	1b.	0
	c. Amount Deductible	1c.	0
2.	Contributions to N.C. Donees		
	a. Total contributions to N.C. donees other than those listed in Line 2d	2a.	0
	b. Multiply Sch. B, Line 20 by 5%, if Line 20 is greater than zero. Otherwise enter zero.	2b.	0
	c. Enter the lesser of Line 2a or 2b	2c.	0
	d. Total contributions to the State of N.C. and its political subdivisions	2d.	0
	e. Amount Deductible	2e.	0

Sch. F Other Information - All Taxpayers Must Complete this Schedule

1. a. State of incorporation	AK	8. Is this corporation subject to franchise tax but not N.C. income tax because the corporation's income tax activities are protected under P.L. 86-272? (If yes, attach explanation)	N
b. Date incorporated	04 14 95	9. Officers' names and addresses:	
2. Date of N.C. Certificate of Authority		President	KEN OSTERKAMP 3201 C ST ANCHORAGE AK 99503
3. a. Regular or principal trade or business in N.C.	N/A	Vice-President	
b. Regular or principal trade or business everywhere	TAX-EXEMPT	Secretary	AARON KUSANO 3201 C ST ANCHORAGE AK 99503
4. Principal place business is directed or managed	ANCHORAGE, AK	Treasurer	PETER MICHALSKI 3201 C ST ANCHORAGE AK 99503
5. What was the last year the IRS redetermined the corporation's federal taxable income?			
6. a. Were adjustments reported to N.C.?			
b. If so, when?			
7. Does this corporation finance or discount its receivables through a related or an affiliated company?	N		

Explanation of Changes for Amended Return:

This page must be filed with this form.

Sch. L Balance Sheet per Books

	Beginning of Tax Year		End of Tax Year	
	(a)	(b)	(c)	(d)
Assets				
1. Cash		29936989		30672676
2. a. Trade notes and accounts receivable	22847		57760	
b. Less allowance for bad debts	(0)	22847	(0)	57760
3. Inventories		0		0
4. a. U.S. government obligations		0		0
b. State and other obligations		0		0
5. Tax-exempt securities		0		0
6. Other current assets (Attach end of year schedule) STMT 1		114416		144981
7. Loans to shareholders		0		0
8. Mortgage and real estate loans		0		0
9. Other investments (Attach end of year schedule)		165305440		147139235
10. a. Buildings and other depreciable assets	5461377		5478068	
b. Less accumulated depreciation	(572517)	4888860	(770332)	4707736
11. a. Depletable assets	0		0	
b. Less accumulated depletion	(0)	0	(0)	0
12. Land (net of any amortization)		8490000		8490000
13. a. Intangible assets (amortizable only)	0		0	
b. Less accumulated amortization	(0)	0	(0)	0
14. Other assets (Attach end of year schedule)		NONE		617831
15. Total Assets		208758552		191830219
Liabilities and Shareholders' Equity				
16. Accounts payable		2473521		919407
17. Mortgages, notes, and bonds payable in less than 1 year		0		0
18. Other current liabilities (Attach end of year schedule) STMT 1		NONE		113256
19. Loans from shareholders		0		0
20. Mortgages, notes, and bonds payable in 1 year or more		0		0
21. Other liabilities (Attach end of year schedule)		9483867		1368784
22. Capital stock: a. Preferred Stock	0		0	
b. Common Stock	0	0	0	0
23. Additional paid-in capital		0		0
24. Retained earnings - Appropriated (Attach end of year sch.)		0		0
25. Retained earnings - Unappropriated		196801164		189428772
26. Adjustments to shareholders' equity (Attach end of year sch.)		0		0
27. Less cost of treasury stock		(0)		(0)
28. Total Liabilities and Shareholders' Equity		208758552		191830219

Sch. M-1 Reconciliation of Income (Loss) per Books with Income per Return

1. Net income (loss) per books	0	7. Income recorded on books this year not included on this return:	
2. Federal income tax	0	Tax-exempt interest	\$ 0
3. Excess of capital losses over capital gains	0		
4. Income subject to tax not recorded on books this year:	0		0
5. Expenses recorded on books this year not deducted on this return:		8. Deductions on this return not charged against book income this year:	
a. Depreciation	\$ 0	a. Depreciation	\$ 0
b. Charitable Contributions	\$ 0	b. Charitable Contributions	\$ 0
c. Travel and entertainment	\$ 0		
	0	9. Add Lines 7 and 8	0
6. Add Lines 1 through 5	0	10. Income	0

This page must be filed with this form.

Legal Name (First 10 Characters) THE ALASKA Federal Employer ID Number 920155067

Sch. M-2 Retained Earnings Analysis

1. Balance at beginning of year	196801164	5. Distributions:	a. Cash	0
2. Net income (loss) per books	-7372392		b. Stock	0
3. Other increases:			c. Property	0
		6. Other decreases:		0
	0	7. Add Lines 5 and 6		0
4. Add Lines 1, 2, and 3	189428772	8. Balance at End of Year		189428772

Sch. N Nonapportionable Income

(A) Nonapportionable Income	(B) Gross Amounts	(C) Related Expenses	(D) Net Amounts	(E) Net Amounts Allocated Directly to N.C.
PARTNERSHIP	35894		35894	35894
1. Nonapportionable Income			35894	
2. Nonapportionable Income Allocated to N.C.				35894

Explanation of why income listed is nonapportionable income rather than apportionable income:
ALLOCATED INCOME FROM A PARTNERSHIP.

Sch. O Computation of Apportionment Factor

Part 1. Domestic and Other Corporations Not Apportioning Franchise or Income Outside N.C. 0 %

Part 2. Corporations Apportioning Franchise or Income to N.C. and to Other States

	1. Within North Carolina	2. Total Everywhere
1. Gross Receipts Subject to Apportionment	0	0
2. Gross Rents Subject to Apportionment	0	0
3. Gross Royalties Subject to Apportionment	0	0
4. Dividends Subject to Apportionment	0	0
5. Interest Subject to Apportionment	0	0
6. Other Apportionable Income	0	0
7. Share of Receipts from Noncorporate Entities Subject to Apportionment	0	0
8. Total	0	0
9. N.C. Apportionment Factor		0 %

Part 3. Special Apportionment Formulas NONE %

This page must be filed with this form.

CD-429B Underpayment of Estimated Tax by C-Corporations

For calendar year 2022 , or other tax year beginning _____	2022, and ending _____	DCOR Use Only
Legal Name THE ALASKA COMMUNITY FOUNDATION	Federal Employer ID Number 920155067	

Part 1. Computation of Underpayment

1. 2022 net income tax (From 2022 Form CD-405, Schedule B, Line 23)	1.		897.				
2. 2022 tax credits (From 2022 Form CD-405, Schedule B, Line 24e)	2.						
3. 2022 net tax due. Line 1 minus Line 2	3.		897.				
4. Multiply Line 3 by 90%. If less than \$500, do not complete this form; the corporation does not owe interest on the underpayment of estimated tax	4.		807.				
5. 2021 net tax due (From 2021 Form CD-405, Schedule B, Line 26 minus Line 27e) If corporation is a "large corporation" as defined in IRC Section 6655, enter the amount from Line 4 on Line 5	5.		17.				
6. Enter the smaller of Line 4 or Line 5	6.		17.				
7. Installment due dates Enter in columns (a) through (d) the 15th day of the 4th, 6th, 9th, and 12th months of the corporation's tax year. (If any date falls on a Saturday, Sunday, or legal holiday, substitute the next regular workday.)	7.	(a)	(b)	(c)	(d)		
		04/18/2022	06/15/2022	09/15/2022	12/15/2022		
8. Required installments Enter 25% of Line 6 above in each column. If corporation is using the annualized income installment method, enter the computed installment amounts on Line 8, Columns (a) - (d) and attach schedule showing computations	8.	4.	4.	4.	4.		
9. Estimated tax paid or credited for each period	9.						
10. Overpayment of previous installment Enter amount from Line 13 of the preceding column. For Lines 10-13, complete one column before going to the next	10.						
11. Add Lines 9 and 10	11.						
12. Underpayment If Line 11 is less than or equal to Line 8, subtract Line 11 from Line 8; otherwise, go to Line 13	12.	4.	4.	4.	4.		
13. Overpayment If Line 8 is less than Line 11, subtract Line 8 from Line 11	13.						

Part 2. Computation of Underpayment of Estimated Tax (See instructions for interest rate)

14. Enter the installment dates from Line 7	14.	04/18/2022	06/15/2022	09/15/2022		12/15/2022
15. Enter the amount of underpayment from Line 12	15.	4.	4.	4.		4.
16. Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier	16.	04/17/2023	04/17/2023	04/17/2023		04/17/2023
17. Number of days from due date of installment to the date shown on Line 16	17.	364.	306.	214.		123.
18. <u>Days on Line 17(a)</u> x interest rate x amount on Line 15(a) Days in the tax year	18.	\$				
19. <u>Days on Line 17(b)</u> x interest rate x amount on Line 15(b) Days in the tax year	19.		\$			
20. <u>Days on Line 17(c)</u> x interest rate x amount on Line 15(c) Days in the tax year	20.			\$		
21. <u>Days on Line 17(d)</u> x interest rate x amount on Line 15(d) Days in the tax year	21.					\$
22. Underpayment of Estimated Tax. Add Lines 18-21. Enter amount here and on Form CD-405, Schedule B, Line 31	22.					\$

	BEGINNING	ENDING
SCH L, LINE 6 - OTHER CURRENT ASSETS		
OTHER CURRENT ASSETS	114,416.	144,981.
TOTAL	114,416.	144,981.
SCH L, LN 18 - OTHER CURRENT LIABILITIES		
OTHER CURRENT LIABILITIES	NONE	113,256.
TOTAL	NONE	113,256.